WASHINGTON STATE COMMUNITY COLLEGE
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Office of Financial Aid
710 Colegate Drive, Marietta, OH 45750
Phone: 740.568.1908 • Fax: 740.376.0257
E-mail: finaid@wscc.edu

Satisfactory Academic Progress (SAP) Appeal Form

For Federal Financial Aid

A. STUDENT INFORMATION

Last Name | First Name | MI | Student ID Number or SSN

WSCC Email | Phone Number

Alternate Email | Last Term & Year Attended

FALL 202 _____ SPRING 202 _____ SUMMER 202 _____

Program of Study / Major | Anticipated Graduation Date | Which semester are you requesting financial aid be reinstated?

B. REASON

Federal regulations govern SAP policies and procedures. SAP appeals may only be approved for situations considered extenuating and beyond your control that prevented you from satisfying the requirements to maintain SAP.

Reason for Financial Aid Termination. Check all that apply.

- ☐ Cumulative GPA (Your cumulative GPA must be at least 2.0)
- ☐ Completion Rate (You must complete at least 66.67% of the credits you attempt)
- ☐ Maximum Timeframe (You're eligible for financial aid for 150% of the published degree credits required)

Reason for Appeal. Check all that apply.

- ☐ Student's health (including but not limited to severe physical or mental illness)
- ☐ Immediate family member's health (including but not limited to severe physical or mental illness)
- ☐ Death of student's immediate family member
- ☐ Other: _____

Academic dismissal: this appeal will not result in an academic reinstatement. Pease contact your academic department for information on reinstatement to your program of study.

OFFICE USE ONLY	APPEAL: *1st or 2nd*	DENIED		APPROVED		TERM	FOLLOWING ED PLAN
Prog. Max _____	Transcript _____	Comment	☐	SAP Status & Comment	☐		
MTF _____	Pell LEU _____	Roster	☐	Package	☐		
GPA _____	Loans _____	Email	☐	Scan Ed Plan	☐		
MCP _____	Start Term _____			Roster	☐		
Transfer Hours _____	End Term _____			Email	☐		
Additional Comments:							

Student's Name:	Student ID Number or SSN:

C. INSTRUCTIONS AND REQUIRED DOCUMENTATION

The Office of Financial Aid has established an appeal process to review all financial aid appeals related to Satisfactory Academic Progress (SAP). To have an appeal reviewed, all appropriate and required documentation must be submitted to the Office of Financial Aid before the deadline. Appeals received after the deadline will be reviewed, however, if the appeal is approved, the student will regain eligibility for financial aid beginning the next semester enrolled. If you have any questions, please contact the Office of Financial Aid.

- To complete an appeal, follow ALL steps below:

1. Schedule an appointment to meet with your faculty advisor, or dean's office representative who is aware of your situation. Ask him/her to complete the attached forms (pgs. 3 & 4) and provide comments relevant to this appeal, timetable, and signature (outlined in section "F", "G" and "H") prior to submitting your appeal. *An appeal will not be reviewed and will be returned to the student if it does not have the required advisor's information.*
2. Complete Student Section (pgs. 1 & 2) of the appeal form, sign and date.
3. Write a successful SAP Appeal Letter that explains in detail <u>What Happened</u>, <u>What has Changed</u>, and <u>What corrective measures have you taken</u> or <u>will take to achieve and maintain satisfactory academic progress</u>.
4. If you are appealing due to GPA and/or Completion Rate, you must also include documentation to support your appeal as outlined in the examples below.
   - *An appeal for GPA or Completion Rate without documentation will be returned to the student.*
   - *If you are appealing for Maximum Time Frame, supporting documentation is not required.*
5. Submit your appeal, letter, and all supporting documentation to the Office of Financial Aid in person, by emailing finaid@wscc.edu or faxing (740)376-0257. All students will receive an email response to their WSCC email no later than 14 business days after submitting a completed appeal.

Examples of supporting documentation:

- Medical records
- Statement from physician, counselor or therapist
  - > Dates of service and how situation is resolved or being managed
- Obituary or Funeral program
- Certified death certificate
- Police report
- Signed letter from family or friend
  - > Relationship to student, explanation of situation, effect on student and how situations is resolved or being managed
- Documents from repair company
  - > Indicating severity of damage
- Other documents depending on situation

DEADLINE

An appeal form with all appropriate documentation must be submitted no later than the third Friday of classes of the semester for which financial aid is being requested (contact the Office of Financial Aid for specific dates). Appeals received after the third Friday day will be held until the following semester.

D. Certification Statement

By signing this statement I understand that appeals are decided on a case-by-case basis by the WSCC SAP Appeal Committee. I understand the submission of this form does not constitute approval of my request. Appeal decisions are final and cannot be further appealed. If my appeal is denied, I understand I will be ineligible for financial aid until I have resolved my SAP deficiencies. I understand I will be notified by my WSCC email. If for any reason my circumstances change, I will notify the Office of Financial Aid. ***If I choose to enroll and attend classes while my SAP Appeal is pending or my appeal is denied, I am responsible for any fees or costs incurred at Washington State Community College.***

STUDENT SIGNATURE: _____ DATE: _____

Student's Name:	Student ID Number or SSN:

E. Faculty/Staff Information (COMPLETED BY ADVISOR)

Faculty/Staff Name

Title | Department

Campus Phone Number | Ext

F. Academic Support (COMPLETED BY ADVISOR)

Ask your faculty advisor or dean's office representative who is aware of your situation to complete the appropriate statement below and provide comments relevant to this appeal.
This form will remain in the student's financial aid file, available for student's review.

I support this appeal because:

Please outline future steps the student will take to ensure satisfactory academic progress:

Faculty/Staff Signature:	**Date:**

G. Timetable of Remaining Coursework for Degree Completion (COMPLETED BY ADVISOR)

Student's Name: Student Number:

Program/Degree: Projected Graduation Date:

Semester	Year	
Course ID	Course Name	Credit Hours
	Total Credit Hours	

Semester	Year	
Course ID	Course Name	Credit Hours
	Total Credit Hours	

Semester	Year	
Course ID	Course Name	Credit Hours
	Total Credit Hours	

Semester	Year	
Course ID	Course Name	Credit Hours
	Total Credit Hours	

Semester	Year	
Course ID	Course Name	Credit Hours
	Total Credit Hours	

Semester	Year	
Course ID	Course Name	Credit Hours
	Total Credit Hours	

Faculty/Staff Signature: **Date:**