



## 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		Date of Birth	Last Term & Year Attended
		FALL 202 _____ SPRING 202 _____ SUMMER 202 _____	
Program of Study / Major	Anticipated Graduation Date	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. Please 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 _____	Grades/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. Ask him/her to complete the attached forms (pgs. 3 & 4) that include relevant comments for this appeal, the timetable, and a signature (outlined in section "F", "G" and "H") prior to submitting your appeal. *An incomplete appeal will be returned to the student.*
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 What Happened, What has Changed, and What corrective measures have you taken or will take to achieve and maintain satisfactory academic progress. For MTF, explain why you have the maximum credit hours, what degree you are currently seeking, when you graduate and include your plans once you have obtained this degree.
4. **If you are appealing due to GPA and/or Completion Rate**, you must include documentation to support your appeal as outlined in the examples below.
  - **For GPA or Completion Rate** – *An appeal without supporting documentation will be returned to student.*
  - **For MTF** – *If you are appealing for Max 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 that includes date(s) under care and how situation is resolved or being managed
- Obituary or Funeral program,
- Certified death certificate or birth certificate
- Police report or similar
- Signed letter from family or friend
  - > Include 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:

## Faculty/Staff Name

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Title

Department

Campus Phone Number

Ext

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:

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

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**Faculty/Staff Signature:**

Date:

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

Student's Name:

Student ID #:

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: