



Financial Aid Satisfactory Academic Progress (SAP)
Appeal Request

Name: _____ Student ID: _____

SAP Appeal Term: Fall Spring Summer

Type of aid requested: Financial Aid Veteran Education Benefits

Instructions for Preparing Appeal:

1. In a **TYPED** and **SIGNED** letter:
 - a. Explain the rare, extenuating circumstances that caused you:
 - Not to meet Satisfactory Academic Progress (SAP) - 67% completion rate or 2.0 term/cumulative GPA
 - To exceed 150% of the published length of your program
 - b. Include the steps you have taken or will take, personally and academically, to prevent these circumstances from hindering your academic performance or from allowing you to complete your program within the requested extension of hours.
2. **DOCUMENTATION is required for all appeals.** The documentation (i.e. medical or legal documents, insurance claims, proof of employment loss or changes, statements from counselors, or letters from attorneys who are knowledgeable about your circumstances) should support the explanation and timeline in the typed and signed letter. Appeals for exceeding 150% of program length must include a **current degree evaluation** available through WCJC Online Services.
3. Complete your Financial Aid or Veteran Education Benefits file. Appeals will not be processed without a complete file.
4. **REVIEW the WCJC Satisfactory Academic Progress Policy:**
https://wcjc.edu/About-Us/administration/offices/financial-aid/documents/WCJC_Satisfactory_Academic_Progress_Policy.pdf
5. **Appeal deadlines:**

Fall	-	September 15
Spring	-	February 15
Summer	-	June 15

Appeal Review

All financial aid appeals are reviewed by a committee from WCJC. Students will be notified of the committee’s decision via their school email account. An appeal that does not meet the requirements per the SAP policy will not be approved. The decision of the Appeal Committee is final and additional appeals will not be considered.

Student Agreement

I certify that the attached statement and document(s) are true and accurate. I understand that WCJC has established the Financial Aid Appeal Committee and that the committee has the final determination on my appeal. I understand that I am responsible for any charges and payment deadlines while my appeal is being reviewed. I hereby give authorization for the attached documentation to be verified.

Student signature: _____ Date: _____