



WALLACE  
COMMUNITY  
COLLEGE

**REQUEST FOR APPEAL – SUSPENSION FOR COMPLETION RATE**

Student SSN \_\_\_\_\_

Student's Name \_\_\_\_\_

Student ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Program \_\_\_\_\_ Attending Campus \_\_\_\_\_

Please check the term you are requesting an appeal: Fall 2014 \_\_\_ Spring 2015 \_\_\_ Summer 2015 \_\_\_

**Deadline to submit this appeal:** \_\_\_\_\_

**Please note the following:**

- **Financial aid suspension is a serious situation that warrants careful examination of the causes and a plan of action. Each section must be answered thoroughly. Attach additional documentation if needed, and all appeals must be submitted through this form. Incomplete sections will cause your request to be dismissed without consideration.**
- **You have been placed on Financial Aid Suspension for not successfully completing at least 67% of your attempted credit hours. This review takes into consideration all transfer courses on your Wallace Community College (WCC) transcripts and all developmental credits.**
- **Appeals, when reviewed, take into consideration your academic progress at WCC and all transfer credits accepted into the your program of study (including all developmental/remedial credits), the reason for your lack of progress, and all supporting documentation submitted with this appeal form.**
- **Incomplete forms (such as section A, section B, the back or missing supporting documentation) will not be reviewed.**
- **A student whose appeal has been approved must follow the directions specified in their approval letter.**
- **The decision of the Financial Aid Director/Appeal Committee is final.**

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**Section A:**

Please indicate the circumstances that have caused you to be suspended. **Your appeal will be considered if you have experienced one of the circumstances listed below and include documentation to support the circumstance:**

- |   |   |
|---|---|
| <input type="checkbox"/> Death of Immediate Family Member | <input type="checkbox"/> Serious Illness/Injury (resulting in excessive absences) |
| <input type="checkbox"/> Unforeseen Emergency*            | <input type="checkbox"/> Non-Voluntary Military Activation                        |

(\* Please note that the following are not considered to be an emergency: working too much, transportation issues, taking too many classes, problems with Math, pace of the class, financial issues, etc.)

**Section B:**

1. State clearly and specifically all of the reason(s) why you failed to meet satisfactory academic progress. **(If left blank, your appeal will be denied)**

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2. What has changed that will allow you to make satisfactory academic program at the next evaluation. **(If left blank, your appeal will be denied)**

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3. Please provide any additional facts that should be considered in evaluating your request.

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**CERTIFICATION STATEMENT:** I certify that the information submitted is true and correct to the best of my knowledge. I have read each section and provided the required documentation explaining why and what has changed that will allow me to meet satisfactory academic progress at the next evaluation. I understand that I will be notified of the final decision by mail, and the decision of the Director of Financial Aid/Appeals Committee is final.

Student's signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please Return to the Office of Financial Aid**

For Financial Aid Office Use:

Approved  Denied

SAP Appeals Committee:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date