



WALLACE
COMMUNITY
COLLEGE

I AM REQUESTING TO APPEAL SAP SUSPENSION (CHECK)

COMPLETION RATE _____ MAXIMUM TIME FRAME _____

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 2020 _____ Spring 2021 _____ Summer 2021 _____

**Deadline to submit an appeal is TEN business days before the beginning of the term you plan to enroll.
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 (3rd party), 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 completing at least 67% of your attempted credit hours and/or exceeding the maximum time frame to complete your program.**
- **Appeals, when reviewed, take into consideration your academic progress at WCC and all transfer credits accepted into 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.**
- **If appealing max time frame suspension, include the required credit hours remaining to graduate in your program.**
- **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 requirements .**
- **The decision of the Financial Aid Director/Appeal Committee is final.**

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:**

____ Death of Immediate Family Member
____ Unforeseen Emergency/Circumstance

____ Serious Illness/Injury (resulting in excessive absences)
____ Non-Voluntary Military Activation

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 progress at the next evaluation. **(If left blank, your appeal will be denied)**

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3. Provide any additional facts that should be considered AND your plan to return to good SAP status..

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 WCC student e-mail or portal, 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