



WALLACE
COMMUNITY
COLLEGE

I AM REQUESTING TO APPEAL SUSPENSION
(Check a box below)

<input type="checkbox"/>	Completion Ratio
<input type="checkbox"/>	Maximum Time Frame
<input type="checkbox"/>	GPA

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 _____ Spring _____ Summer _____

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 timeframe 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, you must include a program degree audit including required courses and credit hours remaining to graduate.**
- **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.**

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/Circumstance | <input type="checkbox"/> 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)**
