

# Wayne Community College

## 2011-2012 Satisfactory Academic Progress Appeal Request

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Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas. Students must have a **Cumulative Grade Point Average (GPA) of 2.0** at the end of each semester. Students must have a **minimum 67% pass rate** (including grades of W, WP, WF, I, F, AU, and X) at the end of each semester, and not exceed the **150% maximum time frame** of their published program (major) for financial aid eligibility. It is the student's responsibility to stay informed of the college's Satisfactory Academic Progress (SAP) standards and to monitor his/her own progress.

In some cases, a student's failure to be in compliance with one or more areas of SAP is due to events beyond the student's control. If such mitigating circumstances can be documented for the specific semester(s) when the deficiencies occurred, the student may submit this completed SAP Appeal, along with all required documentation. **Submission of the appeal does not guarantee approval. Students are responsible for payment of classes by the tuition due date and/or for dropping all classes before the first day of class to avoid charges.**

Name: \_\_\_\_\_ Student ID/SSN: \_\_\_\_\_

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

Home/Cell Number: (\_\_\_\_) \_\_\_\_\_ WCC Email: \_\_\_\_\_

**1. Check the semester you are appealing to have your financial aid reinstated.**

- Fall 2011       Spring 2012       Summer 2012

**2. Have you previously submitted an appeal?**  No  Yes (If YES, when) \_\_\_\_\_

**3. Please check the mitigating circumstances that have contributed to your inability to maintain Satisfactory Academic Progress (SAP). You must also follow the instructions for each checked category and provide supporting documentation.**

- Serious illness or injury to student or immediate family member (parent, spouse, sibling, child) that required hospitalization, confinement at home or in a mental or physical rehabilitation facility for at least seven (7) days.** Attach a statement from the appropriate medical professional on official letterhead. You must explain the nature and dates of the illness in question 4 of this form. If you or the immediate family member was confined to bed rest or on limited mobility by a physician, please make sure the physician includes the beginning and ending dates in his/her statement.
- Death of an immediate family member or person who shared the student's household.** Attach a copy of the death certificate and/or notice from a newspaper and include the name of the deceased and the relationship to you in question 4 of this form.
- Personal problems or significant trauma in student's life that impaired the student's emotional and/or physical health.** Provide a detailed explanation in question 4 of this form regarding the specific circumstances of your condition. Please be sure to include dates and what you have done to overcome this condition. You must attach supporting documentation from a third party (physician, social worker, psychiatrist, police, etc.). If you have ongoing medical or psychiatric problems, provide a statement regarding your current status and ability to attend school.
- Other: Explain**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must provide supporting documentation.

**4. On a separate sheet of paper, you must provide a written or typed narrative detailing the circumstance(s) you checked in question 3 that led to the SAP violation and why those circumstances are no longer affecting your academic performance.**

**5. NEW FEDERAL REGULATION EFFECTIVE JULY 1, 2011: If you have a cumulative GPA deficiency (less than 2.0), an unsatisfactory pass rate (less than 67 % of all attempted hours), or have exceeded the 150%**

maximum time frame to complete your published program, you are required to meet with your academic advisor to discuss options to improve your Grade Point Average (GPA) and/or reducing your course load to improve your pass rate (class completion).

6. **Student Certification and Signature.** By signing below, I acknowledge that I have read and understand the information on this form. I certify all information submitted with this appeal is accurate and true to the best of my knowledge, that all copies of documents are unaltered, and that I have rightfully obtained all supporting documentation. I have read and understand the Satisfactory Academic Progress (SAP) policy for WCC and understand that submitting this form does not guarantee that my request will be granted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

7. **Academic Advisor Statement:** The student whose name appears on this form is currently appealing a decision made by the Financial Aid Office regarding his/her Satisfactory Academic Progress (SAP) status. Effective July 1, 2011 in accordance with federal regulations, the student is required to meet with his/her academic advisor to discuss his/her academic progress. Please complete this section and return it to the student.

8. **Will this student be able to meet the 2.0 minimum cumulative GPA by the end of the semester? (Optional)**  
\_\_\_ Yes \_\_\_ No If no, you may explain and/or provide a course outline and agreement for this student.

9. **Please include any comments or recommendations regarding the student's academic progress.**

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Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

**MAIL OR FAX COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:**

Wayne Community College  
Financial Aid Services  
Post Office Box 8002  
Goldsboro, NC 27533-8002  
Fax: 919-736-9425

**PLEASE NOTE:** The student is responsible for all semester tuition expenses while the SAP appeal is being reviewed. Please allow 10-14 business days for review. Once a decision has been made, you will be notified in writing of the outcome. An incomplete SAP Appeal Request will be denied.

**FOR OFFICE USE ONLY**

Prior SAP Appeal: \_\_\_ Yes \_\_\_ No Review Date: \_\_\_\_\_

SAP Appeal Approved: \_\_\_\_\_ SAP Appeal Denied: \_\_\_\_\_ State reason if denied: \_\_\_\_\_

Financial Aid Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:  
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