

~ COMPLETE ONE SIDE ONLY – REVIEW YOUR STUDENT ACCOUNT ON SELF-SERVICE TO DETERMINE YOUR STATUS ~

STUDENT'S NAME: _____ **WCC ID #:** _____

Semester you are requesting to have your financial aid reinstated: *(select only one)*

☐ Fall 20_____

☐ Spring 20_____

☐ Summer 20_____

The student name above is currently on Financial Aid Suspension for GPA/PACE issues and is filing an appeal with the Financial Aid Office regarding his/her **Satisfactory Academic Progress**. The academic evaluation below is needed for the semester indicated above before the SAP Appeals Committee can make a decision regarding the student's eligibility.

Please discuss with the student strategies he/she may use to improve academic standing in the future and complete the information below. The student is responsible for returning the completed form to the Financial Aid Office.

ACADEMIC ADVISOR'S NAME *(please print)*

ACADEMIC DEPARTMENT

ADVISOR'S STATEMENT OF FACTS

Student's Primary Major: _____ Catalog of Record _____ Expected Graduation Date _____

- | | | |
|---|---------|-------|
| A) Total Hours Required for Primary Major | (C + D) | _____ |
| B) Total Attempted Hours <i>(including Transfer hours)</i> | | _____ |
| C) Total Hours Earned towards Primary Major | | _____ |
| D) Total Hours Needed to complete Primary Major | (A – C) | _____ |

RECOMMENDED COURSES FOR THE APPEAL SEMESTER

- | | | |
|----------|----------|----------|
| 1) _____ | 2) _____ | 3) _____ |
| 4) _____ | 5) _____ | 6) _____ |

RECOMMENDED STRATEGIES TO IMPROVE ACADEMIC STANDING *(may include utilizing specific resources)*

ADVISOR'S SIGNATURE: _____

DATE: _____

STUDENT'S SIGNATURE: _____

DATE: _____

**The student is responsible for returning this completed form to the
Financial Aid Office to complete his/her appeal packet.**

~ COMPLETE ONE SIDE ONLY – REVIEW YOUR STUDENT ACCOUNT ON SELF-SERVICE TO DETERMINE YOUR STATUS ~

STUDENT'S NAME: _____ **WCC ID #:** _____

Semester you are requesting to have your financial aid reinstated: (select only one)

☐ Fall 20_____

☐ Spring 20_____

☐ Summer 20_____

The student name above is currently ineligible for Financial Aid and is filing an appeal with the Financial Aid Office for an extension of the 150% time frame requirement. The academic evaluation below is needed for the semester indicated above before the SAP Appeals Committee can make a decision regarding the student's eligibility.

Please discuss with the student strategies he/she may use to improve academic standing in the future and complete the information below. The student is responsible for returning the completed form to the Financial Aid Office.

ACADEMIC ADVISOR'S NAME (please print)

ACADEMIC DEPARTMENT

ADVISOR'S STATEMENT OF FACTS

Student's Primary Major: _____ Catalog of Record _____ Expected Graduation Date _____

- | | |
|---|-------|
| A) Total Hours Required for Primary Major | _____ |
| B) Total Attempted Hours (including Transfer hours) | _____ |
| C) Total Hours Earned towards Primary Major | _____ |
| D) Total Attempted Hours Not Counted towards Primary Major (B – C) | _____ |
| E) Total Hours Needed to Complete Primary Major (A – C) | _____ |

COURSE PLAN

Establish a plan that will allow the student to most quickly and efficiently complete his/her program requirements. You may fill in the template below or attach a signed official course plan.

TERM: _____	COURSE	HOURS	TERM: _____	COURSE	HOURS	TERM: _____	COURSE	HOURS
1)	_____	_____	1)	_____	_____	1)	_____	_____
2)	_____	_____	2)	_____	_____	2)	_____	_____
3)	_____	_____	3)	_____	_____	3)	_____	_____
4)	_____	_____	4)	_____	_____	4)	_____	_____
5)	_____	_____	5)	_____	_____	5)	_____	_____
6)	_____	_____	6)	_____	_____	6)	_____	_____

ADVISOR'S SIGNATURE: _____

DATE: _____

STUDENT'S SIGNATURE: _____

DATE: _____

The student is responsible for returning this completed form to the Financial Aid Office to complete his/her appeal packet.