

~ 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** *(including Transfer hours)* \_\_\_\_\_
- 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.**

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**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** (C + D) \_\_\_\_\_
- 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: _____	TERM: _____	TERM: _____
COURSE	COURSE	COURSE
HOURS	HOURS	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.**