

TERM	PRIORITY DATE TO SUBMIT	DEADLINE
Summer 2016	May 27, 2016	June 17, 2016
Fall 2016	June 24, 2016	September 16, 2016
Spring 2017	December 2, 2016	February 17, 2016

## 2016-2017 Satisfactory Academic Progress Appeal Form

Student's Name (Last, First, MI)		r	myWSU ID Number			Phone Number		
Student's Addre	255		(	City, State, Zip			WSU Email Address	
Check the seme	ster	for which you are sub	mitting your appea	ıl:	☐ Summer 2016	□Fa	II 2016	☐ Spring 2017
s this your first	t SAP	appeal? 🗆 Yes	☐ No If No, v	whe	en was your last appe	al?		20
Check your adm	issio	n level: 🗆 Underg	rad/1 <sup>st</sup> Bachelor's 🛭	Jυ	ndergrad/2 <sup>nd</sup> Bachelo	r's 🗆 G	raduate,	'PhD/Master's
Anticipated dat	e of g	graduation:			<del></del>			
		•••••		••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	
INSTRUCTION								
		eason(s) for your app				_		
Ц		de Point Average: My G My current GPA is		num	requirement (2.00 Un	dergradu	ate, 3.00	Graduate).
		Undergraduate Stude		σar	ninimum of a 2 NN GPA	each sen	nester uni	til my cumulative GPA
					$2.00$ by the end of the $\_$			
	<b>→</b>	Graduate Student: I co						
	<b>→</b>	or exceeds 3.00. Twill  Meet with an academic			the end of the			
	-				ed to retake. <b>An acade</b> i			
		E-Completion Rate: My					_	
		My current pace rate is Meet with an academ				-		(
	7	semester in order to g the number of credit ho Aid to speak with a Fir	et your pace back to tl ours you will need to ac nancial Aid Counselor t	he 6 hiev to d	ige 5. List the humber 17% completion rate. If ye the 67% completion retermine the hours you in if your appeal is appropriately.	your sus ate, pleas will need	pension le e contact l. Please	etter does not include the Office of Financial keep in mind that you
	Max	kimum Timeframe: I ha	ve exceeded 150% of t	the	credits required for my	program	of study.	
		I need hours to	-					
	<b>→</b>	Meet with an academ complete to graduate.				ses and c	redit hou	rs you are required to
2 Explain	ı vou	r extenuating circum				•		
	Wri	te a detailed explanations sequent appeal, your ci	on of the circumstand	ces	that prohibited you fro	m meeti		(If this is your 2 <sup>nd</sup> or
<b>→</b>		at steps have you or wi will manage similar circ			circumstances that pro	hibited y	ou from r	meeting SAP and how

WICHITA STATE UNIVERSITY | Office of Financial Aid | Jardine Hall Rm. 203 | 1845 Fairmount Street | Wichita, KS 67260-0024 tele: (316) 978-3430 | toll free: 1-855-WSU1STP (978-1787) | fax: (316) 978-3396 | web: www.wichita.edu/financialaid

	<del></del>
<<7>>>	mvWSU ID Number

- Attach Supporting Documentation (Supporting documentation is required) >>>
  - → Submit documentation or supporting letters to confirm your circumstances (e.g., letter from physician or counselor, medical bills, death certificate, military orders, court documents).
- Complete an Academic Plan >>>
  - → Please complete page 3 of the SAP Appeal Form.
  - → An academic plan shows what additional courses you must take to graduate and/or correct your SAP deficiency.

Submit your appeal form, supporting documentation, and academic plan to the WSU Office of Financial Aid. Incomplete applications will not be considered. Appeals will not be accepted via email.

- → Please allow 2-3 weeks for processing. Processing cannot begin until all requested documentation has been received.
- → Satisfactory Academic Progress documents submitted July 1, 2016 September 1, 2016 and December 1, 2016 February 1, 2017 could take up to four weeks for review and awarding of aid.

## **SIGNATURE AND AFFIRMATION >>>**

By submitting this petition, I certify that the information contained on this petition is correct to the best of my knowledge. I understand that I am responsible for meeting payment deadlines while waiting on an appeal decision and approval of my appeal is not guaranteed. I acknowledge that decisions on appeals are made on a case-by-case basis and the decision of the Satisfactory Academic Progress Committee and/or the WSU Office of Financial Aid is final. I have read the WSU Satisfactory Academic Progress which is available online at www.wichita.edu/sappolicy. I understand that if my appeal is approved, my academic progress will be reviewed on a semester basis and my failure to meet the conditions of my approved appeal with result in the loss of my financial aid eligibility. I also must meet all other federal aid requirements.

Student's Signature	Date	
Digital signature cannot be accepted.		

**Warning:** If you receive student aid based on incorrect information, you may have to return it and/or pay fines and fees. If you purposely give false or misleading information on this form, you may be fined \$20,000, receive a prison sentence, or both.

**Affirmation:** By signing above, I certify that all information I have submitted is accurate and verified with supporting documentation.



## **Satisfactory Academic Progress- Academic Plan**

For examples for assistance in completing this form, visit <a href="www.wichita.edu/sapexamples">www.wichita.edu/sapexamples</a>

INSTRUCTIONS>>>							
Student's Name (Last, First, MI)	myWSU ID Number  Major			Date  Anticipated Graduation Date			
Degree							
Semester/Year:	/20		Semester/Year	·	/20		
Course Name		Cr. Hrs.		Course Name		Cr. Hrs.	
	Total				Total		
Semester/Year:	/20		Semester/Year		/20		
Course Name		Cr. Hrs.		Course Name	, = =	Cr. Hrs.	
	Total				Total		
Semester/Year:	/20		Semester/Year	i	/20	l	
Course Name		Cr. Hrs.		Course Name	,	Cr. Hrs.	
	Total				Total		
Student's Signature			Advi	ser's Signature			
Digital signature cannot be accept	ed.			al signature cannot	t be accepte	ed.	
Adviser's Printed Name			Advi	ser's Department			