

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

## **Satisfactory Academic Progress Appeal Form**

Student's Name (Last, First, MI)		(Last, First, MI)	myWSU ID Number	Phone Number
Student's Address			City, State, Zip	WSU Email Address
		ter for which you are submitting you	• •	☐ Fall 2016 ☐ Spring 2017
Anticipated	date	ssion level: Undergrad/1 <sup>st</sup> Bach of graduation:		
NSTRUCTI	ONS	i>>>		
1 Sele		ne reason(s) for your appeal:	h	december 200 Conducts
	ш	Grade Point Average: My GPA is below to  → My current GPA is	ne minimum requirement (2.00 On	ldergraduate, 3.00 Graduate).
				A each semester until my cumulative GPA
		<ul> <li>meets or exceeds 2.00. I will earn a least of each meets or exceeds 3.00. I will earn a least or exceeds 3.00. I will earn a least or exceeds 3.00.</li> </ul>	rning a minimum of a 3.00 GPA e	each semester until my cumulative GPA
		Pace (Completion Rate): My cumulative	-	, , ,
	П	→ My current pace rate is and I  Maximum Timeframe: I have exceeded 1		•
		→ I need hours to graduate.	30 % of the cleans required for my	y program or study.
2 Atta	ach a	II of the following required documen	ts (Incomplete appeals will not be con	sidered by the Appeal Committee.):
		Typed Statement to Address the Followi	ing:	
		Write a detailed explanation of the or subsequent appeal, your circumst		ou from meeting SAP. (If this is your 2 <sup>nd</sup>
				nces, and how will you manage similar
		circumstances in the future?		
		Supporting Documentation  Submit documentation or support	ing letters to confirm your circui	<b>mstances</b> (e.g., letter from physician or
		counselor, medical bills, death certif	-	
		Complete an Academic Plan		
				ndemic adviser's signature is required). Ours you must take to graduate and/or
		correct your SAP deficiency.  If appealing for GPA: Lis	t the courses that will help you ir	nprove your cumulative GPA. This may
		include courses that you a	•	
			-	ntend to take each semester in order to al aid suspension letter does not include
				completion rate, please contact the Office
		of Financial Aid to determ	ine the hours you will need. Please	keep in mind that you must complete all
		•	oll in if your appeal is approved.	on credit hours and competers
		<ul> <li>If appealing for Maximum required to complete to gra</li> </ul>		es, credit hours, and semesters you are
				Please Continue to Page 2 >>>

tele: (316) 978-3430 | toll free: 1-855-WSU1STP (978-1787) | fax: (316) 978-3396 | web: www.wichita.edu/financialaid

FOR OFFICE USE ONLY: 1516 = Summer 2016 APPEAL (1<sup>st</sup>) APPL2 (2<sup>nd</sup>) APPL3 (3<sup>rd</sup>)

Tracking Code: 1617 = Fall 2016 / Spring 2017 APPEAL (1<sup>st</sup>) APPL2 (2<sup>nd</sup>) APPL3 (3<sup>rd</sup>)

WICHITA STATE UNIVERSITY | Office of Financial Aid | Jardine Hall Rm. 203 | 1845 Fairmount Street | Wichita, KS 67260-0024

<< 2 >> myWSU ID Number

- Submit this appeal form, supporting documentation, and your academic plan to the WSU Office of Financial Aid. (Incomplete appeals will not be considered by the Appeal Committee.)
  - Please allow up to 2 weeks for processing. Processing cannot begin until ALL requested documentation has been received.
  - Appeals and/or documentation submitted in July, August, or January may take up to 4 weeks to process, and your aid (if approved) may be delayed.

## SIGNATURE AND AFFIRMATION >>>

By submitting this appeal, I certify that the information contained on this appeal 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 that the 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 at the end of each semester and that any 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 (Required)	 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.

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## Satisfactory Academic Progress - Academic Plan

For examples of Academic Plans, visit <u>www.wichita.edu/sapexamples</u>

Student's Name (Last, First, MI)	myWSU ID Numb	er Date		
Degree		·	Anticipated Graduation Date	
			•••••	
Semester/Year: Course Name	Cr. Hrs.	Semester/Year:/20/20	Cr. Hrs.	
Course Manie	Cirriisi	Course Hame	CITTION	
	Total	Total		
Semester/Year:	/20	Semester/Year:/20		
Course Name	Cr. Hrs.	Course Name	Cr. Hrs.	
	Total	Total		
		L	1	
Semester/Year:	/20	Semester/Year:/20	_	
Course Name	Cr. Hrs.	Course Name	Cr. Hrs.	
	Total	Total		
		10101		
Student's Signature (Required)		Adviser's Signature (Required)		
Digital signature cannot be accepte	d.	Digital signature cannot be accepted.		
		- 5		
Adviser's Printed Name		Adviser's Department		