



Northern Wyoming Community College District
Gillette / Sheridan College Financial Aid Office

P.O. Box 1500
 300 West Sinclair

Sheridan, WY 82801
 Gillette, WY 82718

(307) 674-6446 x 2100
 (307) 686-0254 x 1420

Office Use Only

2013 – 2014 Satisfactory Academic Progress Appeal Application

Please allow 30 days from receipt of your completed appeal for a decision to be made by the SAP Appeal Committee. Decisions are sent to your college email address. Submit the completed appeal form, your letter of appeal and any supporting documents to the Financial Aid Office. Only completed appeals received by the deadline will be reviewed.

A. STUDENT'S INFORMATION

Last Name: _____ First Name: _____ MI: _____
 Phone Number: _____ Email Address: _____ Student ID: _____

B. INDICATE WHY YOU NEED TO APPEAL – MARK ALL THAT APPLY

<input type="checkbox"/> My cumulative grade point average is below 2.00 <input type="checkbox"/> cumulative completion rate is below 67%.	<input type="checkbox"/> My total undergraduate credits attempted will soon or has reached the Maximum Time Frame, which is 150% of the program requirements.
---	---

C. PLAN OF STUDY AND SEMESTER APPEALING

<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____	Program of Study: _____ If previously appealed, the semester of the last appeal: _____
--	---

D. WRITE YOUR APPEAL LETTER AND DOCUMENT YOUR CASE

If you have a completion rate or GPA deficiency, include in your written appeal the unforeseen event(s) that prevented you from successfully completing your enrolled credits. Attach the documentation indicated.

Why you became deficient:

- Death in the family. State how this person was related to you (i.e. parent, spouse, sibling, etc.). You must provide a copy of the death certificate. Obituaries or funeral programs are not sufficient.
- Disabling illness or injury to the student. Please provide supporting documentation from your medical provider.
- Disabling illness or injury to your immediate family member that required your care. Please provide supporting documentation from your medical provider.
- Emotional or mental health issue (for student) that required professional care. Please provide supporting documentation from your medical provider.
- Other unusual circumstances beyond your control. Provide only supporting documentation you may have to strengthen your appeal.

All appeals require that you submit an Academic Plan from your Academic Advisor to be considered complete.

If you are appealing regarding excessive credits, explain the factor(s) that caused you to exceed the maximum credit limit.

E. MAXIMUM TIME FRAME APPEALS ONLY

An Academic Plan must be submitted for all Maximum Time Frame Appeals. Please contact your Academic Advisor to complete an academic plan. The academic plan will be maintained in the student's file for future reference. The academic plan must be adhered to for the semesters listed on the plan. Any deviation from the credits listed will cause the appeal to no longer be valid. Only one appeal must be submitted for Maximum Time Frame Appeals. At the end of each semester, the academic plan will be reviewed for compliance.

By signing this statement, I affirm that I understand that I must adhere to the Academic Plan submitted for this appeal to be valid.

Student Signature

F. CERTIFICATION

I certify the information on this Satisfactory Academic Progress Appeal, my written appeal, and any supporting documentation are accurate, true and complete to the best of my knowledge. I will provide other information as requested by the NWCCD Financial Aid Office. I realize that a final decision may not be made on my Satisfactory Academic Progress Appeal unless all steps above are complete and until I submit any additional information if requested by the NWCCD Financial Aid Office. I understand any false information may be cause for the denial, reduction, and/or repayment of student financial aid assistance. I understand that my appeal may be denied, and that submission of an appeal does not guarantee that my federal student aid will be reinstated. If my appeal is approved, I will be placed on probation for one semester only. I understand that I am responsible for paying tuition and fees in full and on time, regardless of my financial aid status or status of this appeal.

Student Signature

Date

SAP APPEAL DEADLINES:

Completed applications submitted to the Financial Aid Office by the Priority Deadline will be reviewed first by the SAP committee. All completed applications must be submitted to the Financial Aid Office prior to the Semester Deadline to be considered for that semester.

	Priority Deadline	Semester Deadline
Fall Semester	July 1st	November 1st
Spring Semester	January 15th	March 1st
Summer Semester	None None	Early Summer Session: June Regular Summer Session: July 1st