



# Westmoreland County Community College

YOUNGWOOD, PENNSYLVANIA 15697

FINANCIAL AID OFFICE

TELEPHONE: 724-925-4063

FAX: 724-925-5802

## SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM FOR FEDERAL FINANCIAL AID RECIPIENTS

Please complete all steps outlined on this form to appeal your federal financial aid ineligibility. Failure to submit documentation and follow instructions will result in a denial or a delay in the decision of your appeal.

### **Step 1: Student Information**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Full Address \_\_\_\_\_

Primary Telephone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Please check the term for which you are submitting an appeal (semester and year):**

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year: 20 \_\_\_\_\_

### **Step 2: Reason for Federal Financial Aid Ineligibility**

You must have a 1.70 cumulative GPA (0 – 11 attempted credits) or 2.00 cumulative GPA (12 or more attempted credits) and successfully complete 67% of attempted credits (“F”, “I”, and “W” are ineligible). You may not exceed 150% of required coursework credits.

I would like to appeal my federal financial aid ineligibility because (check all that apply):

Cumulative GPA is below 1.70/2.00  Completion rate is below 67%  I have exceeded 150% max time frame

### **Step 3: Appeal Information**

Your circumstances must meet at least one of the criteria in the chart below. Please indicate which situation(s) best applies to you.

Circumstance(s) that Apply	Required Documentation (Must Include Dates)
<input type="checkbox"/> Illness or injury of me or a family member which prevented my attending class	Letter from Doctor on doctor’s letterhead or other acceptable medical documents.
<input type="checkbox"/> Death of a family member	Copy of death certificate or obituary.
<input type="checkbox"/> Traumatic life-altering event such as fire, flood, storm damage, etc.	Evidence of event such as copy of insurance claim or bill for repair/reconstruction.
<input type="checkbox"/> Military assignment or reassignment	A Statement of Service signed by, or by direction of, the adjutant, personnel officer, or commander of your unit or higher headquarters which shows your date of entry on your current active duty period and the duration of time.
<input type="checkbox"/> Other circumstances beyond the control of the student (Must explain in detail the nature and dates of the unexpected circumstance)	Third party documentation of event on organization letterhead (i.e. licensed counselor, social worker, pastor, or teacher). No family members.



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Complete **ALL** questions and elements below in a separate typed essay. Please attach the additional page(s) to the appeal form.

1. Explain the circumstances that prevented you from meeting SAP and the reasons for this appeal. You need to answer the following: (A) What was the problem? (B) When did the problem occur? (C) How long did the problem last? (D) How did this affect your academic performance? (E) What steps have been taken to ensure that the minimum standards will be met in the future? Be as detailed as possible.
2. List the documents that you have attached to support your appeal for reinstatement. Please explain how each relates to or supports the circumstance(s) discussed in question #1.

**ALL STUDENTS MUST ALSO SUBMIT AN ACADEMIC PLAN AS DIRECTED IN STEP 4 OR THE APPEAL WILL BE REJECTED.**

## **Step 4: Academic Plan**

In order for an appeal to be considered, students must meet with an academic SSSA/Counselor/Advisor to: (1) ensure they are able to mathematically meet the Satisfactory Academic Progress (SAP) standards at the end of a stated period of time and (2) to complete an Academic Plan Form which places them back on track to meeting SAP.

## **Deadlines**

Fall	8AM August 31 <sup>st</sup>
Spring	8AM January 31 <sup>st</sup>
Summer	8AM May 20 <sup>th</sup>

## **Certification of Information**

By signing below, I certify and understand the following:

- The information I have provided is true and complete to the best of my knowledge. Furthermore, I realize that additional information may be requested by the Financial Aid Office to further support my appeal.
- Submission of the appeal packet does **not** guarantee federal financial aid eligibility. If I register for classes prior to receiving an appeal decision, it is my responsibility to make payment arrangements to secure my courses.
- The maximum number of appeals any student may have during their time at WCCC is one (1).
- Once a final decision has been reached regarding my appeal for federal financial aid, I will be sent notification electronically. Therefore, it is my responsibility to check my WCCC student e-mail account frequently during this period.
- If I am granted an appeal approval, I will be placed in federal financial aid probation status and must meet the terms of my appeal and the standards outlined in my Academic Plan. Federal Financial aid cannot be processed for any subsequent semester until current semester grades are posted and reviewed.
- If I fail to meet the requirements, my eligibility for federal financial aid will be terminated. I will be ineligible for federal financial aid until I regain SAP by earning the appropriate GPA and/or by completing 67% of my attempted credits at my own expense.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Submit your complete appeal packet to the Financial Aid Office by FAX (724-925-5802); by electronic submission ([financialaid@wccc.edu](mailto:financialaid@wccc.edu) SUBJECT LINE: APPEAL); or in person (Room 130 Founders Hall)**



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## SATISFACTORY ACADEMIC PROGRESS (SAP)

### ACADEMIC PLAN FORM

**TO BE COMPLETED BY ACADEMIC SSSA/COUNSELOR/ADVISOR ONLY: PLEASE PRINT LEGIBLY**

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Program of Study \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Check all that apply:      Certificate       Diploma       Associate's Degree

Students not meeting the minimum standards for Satisfactory Academic Progress (SAP) are required to meet with their academic SSSA/Counselor/Advisor to devise an academic plan to meet the minimum standards for SAP.

#### **Course Requirements: TO BE COMPLETED BY ACADEMIC SSSA/COUNSELOR/ADVISOR ONLY**

You must enroll **only** in courses that are necessary to complete the requirements of your identified program of study. **Any modifications to this coursework will require approval from your SSSA/Counselor/Advisor and the submission of a new Academic Plan Form.** If you fail to complete the listed coursework and fail to make progress toward graduation, you will lose financial aid eligibility. Please refer to the Satisfactory Academic Progress Policy found at <https://wccc.edu/sap>.

#### **Academic Plan Semester 1**

Term: \_\_\_\_\_ Year: \_\_\_\_\_

COURSE PREFIX	COURSE NUMBER	CREDITS
	TOTAL CREDITS	

#### **Academic Plan Semester 2**

Term: \_\_\_\_\_ Year: \_\_\_\_\_

COURSE PREFIX	COURSE NUMBER	CREDITS
	TOTAL CREDITS	

**GRADES OF "F", "I", OR "W" WILL RESULT IN TERMINATION OF FINANCIAL AID.**

Additional Academic Plan Semester Grids are available on page 4. If not needed to complete student's academic plan, continue to page 5.

\_\_\_\_\_  
SSSA/Counselor/Advisor Printed Name                      SSSA/Counselor/Advisor Signature                      Date

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

**Academic Plan Semester 3**

Term: \_\_\_\_\_ Year: \_\_\_\_\_

COURSE PREFIX	COURSE NUMBER	CREDITS
	TOTAL CREDITS	

**Academic Plan Semester 4**

Term: \_\_\_\_\_ Year: \_\_\_\_\_

COURSE PREFIX	COURSE NUMBER	CREDITS
	TOTAL CREDITS	

**GRADES OF "F", "I", OR "W" WILL RESULT IN TERMINATION OF FINANCIAL AID.**

**Academic Plan Semester 5**

Term: \_\_\_\_\_ Year: \_\_\_\_\_

COURSE PREFIX	COURSE NUMBER	CREDITS
	TOTAL CREDITS	

**Academic Plan Semester 6**

Term: \_\_\_\_\_ Year: \_\_\_\_\_

COURSE PREFIX	COURSE NUMBER	CREDITS
	TOTAL CREDITS	

**GRADES OF "F", "I", OR "W" WILL RESULT IN TERMINATION OF FINANCIAL AID.**

\_\_\_\_\_  
SSSA/Counselor/Advisor Printed Name                      SSSA/Counselor/Advisor Signature                      Date

**Minimum Credits and GPA Requirements: TO BE COMPLETED BY ACADEMIC SSSA/COUNSELOR/ADVISOR ONLY**

Record the minimum credit and GPA requirements that must be completed each semester to regain SAP standards for federal financial aid reinstatement. **PLEASE USE THE ACADEMIC PLAN WORKSHEET AS A GUIDE.** Student must have a 1.70 cumulative GPA (0 – 11 attempted credits) or 2.00 cumulative GPA (12 or more attempted credits) and successfully complete 67% of attempted credits (“F”, “I”, and “W” are ineligible). Student may not exceed 150% of required coursework credits.

	TERM	TERM	TERM	TERM	TERM	TERM
Term and Year (Examples: FA15; SP16; SU16, etc.)						
Minimum number of semester credits the student must successfully complete;						
Minimum semester GPA the student must successfully attain;						
Projected Cumulative GPA after each semester;						
Projected Completion Rate after each semester:						

Is it mathematically possible for the student to meet SAP by the end of the next semester?

\_\_\_\_\_ Yes Student can meet the SAP requirements by the end of the next semester

\_\_\_\_\_ NO Student cannot meet the SAP requirements by the end of the next semester

Projected End Date of Academic Plan: Term: \_\_\_\_\_ Year: \_\_\_\_\_

**STUDENT ACADEMIC PLAN ACKNOWLEDGEMENT**

I, \_\_\_\_\_ (PLEASE PRINT), acknowledge that I have read and understand the following requirements:

(INITIAL NEXT TO EACH REQUIREMENT TO ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND EACH ONE)

1. \_\_\_\_\_ I must complete my program of study within the maximum time frame allowed (150% of the credits required to graduate from my program).
2. \_\_\_\_\_ I must successfully complete 67% of all credits attempted cumulatively.
3. \_\_\_\_\_ I must maintain a minimum 2.0 cumulative grade point average (GPA).
4. \_\_\_\_\_ I will adhere to the stipulations outlined in my academic plan. I understand that if I fail to meet any of these requirements that I will not be making Satisfactory Academic Progress and that I will be placed in Financial Aid Termination Status.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**SSSA/Counselor/Advisor Statement:**

I certify that I have met with this student and agree that this plan will enable the student to return to good academic standing and/or meet the College's Satisfactory Academic Progress (SAP) guidelines.

SSSA/Counselor/Advisor Printed Name	SSSA/Counselor/Advisor Extension	Date
SSSA/Counselor/Advisor Signature	SSSA/Counselor/Advisor E-Mail Address	

**SSSA/COUNSELOR/ADVISOR AND STUDENT:  
PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

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**Financial Aid Office Use Only**

Date Received \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected \_\_\_\_\_ Date Returned \_\_\_\_\_

Reason Returned \_\_\_\_\_

Financial Aid SAP Information:

SAP CUMULATIVE GPA \_\_\_\_\_

SAP TOTAL CREDITS ATTEMPTED \_\_\_\_\_

SAP TOTAL CREDITS EARNED \_\_\_\_\_

SAP PERCENT (%) COMPLETED \_\_\_\_\_

Committee Decision:

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Committee Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appeal Processing:

FASI Coded \_\_\_\_\_ Comments Added \_\_\_\_\_ E-Mail Sent \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_