

TERM	PRIORITY DATE TO SUBMIT	FINAL DEADLINE
Summer 2017	June 2, 2017	June 23, 2017
Fall 2017	June 30, 2017	September 15, 2017
Spring 2018	December 8, 2017	February 16, 2018

Satisfactory Academic Progress Appeal Form

Student's Name (Last, First, MI) Student's Address		myWSU ID Number	Phone Number	
			City, State, Zip	WSU Email Address
Check the semester for which you are submitting your ap				· -
-		AP appeal? ☐ Yes ☐ No If No,		
-		sion level: Undergrad/1 st Bachelor's of graduation:		or's Li Graduate/PhD/Master's
NSTRUCTIO				
U Select	_	e reason(s) for your appeal:		
		Grade Point Average: My GPA is below the mini	mum requirement (2.00 Un	dergraduate, 3.00 Graduate).
		→ My current GPA is		
	-	Undergraduate Student: I commit to earning	_	•
		meets or exceeds 2.00. I will earn a cumular Graduate Student: I commit to earning a		
		meets or exceeds 3.00. I will earn a cumular		
] F	Pace (Completion Rate): My cumulative comple	·	
		→ My current pace rate is and I need		completion rate.
Г	_			-
_		→ I need hours to graduate.	the creates required for my	program of study.
2 Attac	h all	l of the following required documents (Inco	amnlete anneals will not he con-	sidered by the Anneal Committee):
		Typed Statement to Address the Following:	impiete appeals will not be ton.	stacted by the Appear Committee.
•	→ Write a detailed explanation of the circumstances that prohibited you from meeting SAP. (If this is you			
		or subsequent appeal, your circumstances n		
	-	→ What steps have you or will you take to		•
		circumstances in the future?		
В	3) s	Supporting Documentation		
	•	Submit documentation or supporting let	ters to confirm your circui	mstances (e.g., letter from physician or
		counselor, medical bills, death certificate, m	nilitary orders, court docume	ents)
C	:) c	Complete an Academic Plan		
		 Meet with your academic adviser to comple 	ete page 3 of this form. (Aca	demic adviser's signature is required).
	-	→ An Academic Plan shows what additiona	l courses and/or credit ho	urs you must take to graduate and/or
		correct your SAP deficiency.		
		 If appealing for GPA: List the co 	ourses that will help you in	nprove your cumulative GPA. This may
		include courses that you are requi		
			· · · · · · · · · · · · · · · · · · ·	ntend to take each semester in order to
		-	•	al aid suspension letter does not include
		-		ompletion rate, please contact the Office
			•	keep in mind that you must complete all
		of the credit hours you enroll in if		es, credit hours, and semesters you are
		required to complete to graduate.		es, creare nours, and semesters you are
		. Equita to complete to gluddice.		
				Please Continue to Page 2 >>>

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

FOR OFFICE USE ONLY: 1617 = Summer 2017 APPEAL (1st) APPL2 (2nd) APPL3 (3rd)

Tracking Code: 1718 = Fall 2017 / Spring 2018 APPEAL (1st) APPL2 (2nd) APPL3 (3rd)

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

Revision Date: 9/26/2016

<< 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)	
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 www.wichita.edu/sapexamples Student's Name (Last, First, MI) myWSU ID Number Date Degree Major Anticipated Graduation Date Semester/Year: _ Semester/Year: **Course Name** Cr. Hrs. Course Name Cr. Hrs. Total Total Semester/Year: Semester/Year: /20_ Course Name Course Name Cr. Hrs. Cr. Hrs. Total Total Semester/Year: Semester/Year: **Course Name** Cr. Hrs. Course Name Cr. Hrs. Total Total Adviser's Signature (Required) Student's Signature (Required) Date Digital signature cannot be accepted. Digital signature cannot be accepted. **Adviser's Printed Name** Adviser's Department