

STUDENT NAME:

STUDENT SSN:____

EXEMPTION APPEAL FORM

Fax: 817-598-6206 Email: docs@wc.edu

November 2018

Please be prepared to pay any charges due for registration since your appeal might not be reviewed prior to the payment deadline.

If you have lost your financial aid eligibility for an Exemption/Waiver due to failure to maintain Satisfactory Academic Progress (SAP), you may appeal. Notification of the appeal decision is available under your financial aid account on Campus Connect.

INSTRUCTIONS: Complete and submit all of the information requested below. Include your name and student ID# on any documentation that you submit.

<u>Please provide a brief signed letter to explain why you have failed to maintain SAP (include medical, legal, or other supporting documentation).</u> Also include what specific steps you will take (if the appeal is granted) to ensure improvement is achieved.

NOTE: Incomplete Appeals will not be evaluated. If you are appealing for a future term, your appeal will not be reviewed until grades for the current term have been posted. Results will be sent to your student email within 2-4 weeks after all appeal documents, including posted grades, are received in the Financial Aid Office.

I am appealing to have my financial aid reinstated for the following semester (check <u>one</u>):								
	Fall		Spring		Summer	Year:		
I am appealing for reinstatement of the following Exemption/Waiver (list the exemption/waiver):								
REASON FOR APPEAL (Check all that apply):								
	My cumulative WC grade point average (GPA) is below 2.00.							
	□ I have attempted more than 60 credit hours toward an Associate's Degree.							
I have attempted more than 36 credit hours toward a certificate program.								
Explanation for not meeting Satisfactory Academic Progress:								
DP	ersonal reas	ons	□Medi	ical reaso	ns 🗆 En	forced withdrawal	□Family emergency	□Other
Student Certification: I affirm that I have read and understand the WC Satisfactory Academic Progress Policy.								