

WESTMORELAND COUNTY COMMUNITY COLLEGE

YOUNGWOOD, PENNSYLVANIA 15697

FINANCIAL AID OFFICE

TELEPHONE: 724-925-4063

FAX: 724-925-5802

**SAP Appeal Term
Requested**

- Fall 2016
 Spring 2017
 Summer 2017

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. This form is to be completed by a counselor in consultation with your faculty advisor, if applicable.

PLEASE PRINT CLEARLY

STEP 1: STUDENT INFORMATION

Name _____ Student ID# _____

Full Address _____

Primary Telephone # _____ E-Mail Address _____

STEP 2: REASON FOR FEDERAL FINANCIAL AID INELIGIBILITY

You must have a 2.00 cumulative GPA 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 2.00
- Completion rate is below 67%
- I have exceeded 150% max time frame

<u>FINANCIAL AID OFFICE USE ONLY</u>	
	Accepted By _____ CRI Coded: SAP _____ (GPA/CR) or MTA _____ (MAX)
	Appeal Accepted for Review _____ Appeal Rejected _____
	Rejection Reason: _____
DATE RECEIVED _____	Date Returned: _____ Initials _____
Committee Decision:	Approved _____ Denied _____ Tabled _____ Date: _____
Committee Comments:	_____
Appeal Processing:	
SAPV Coded _____	Comments _____ E-Mail Sent _____ AIDE _____ Initials _____ Date _____

Name _____ Student ID# _____

Step 3: Appeal Information

Your extenuating circumstances **must** meet at least one of the criteria in the chart below. Please indicate which situation(s) best applies to you. Appeals with **no extenuating circumstances** will be returned to the student and **will not be reviewed**.

Extenuating 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.

Examples of appeal circumstances that **may be denied or not considered**: immaturity; poor choice of classes; employment obligations; financial difficulties; loss of transportation; personal or relationship problems; relocating; childcare difficulties; and incarceration.

Step 4: Written Explanation of Extenuating Circumstance(s) REQUIRED

Complete a separate typed essay explaining why you were not able to meet SAP (GPA/Completion Rate or Max Time Frame). Be as detailed as possible. Please attach the additional page(s) to the appeal form.

Answer the following questions relating to the extenuating circumstance(s) indicated above:

1. Why you failed to make satisfactory academic progress?
2. What has changed?
3. What steps have been taken to ensure that the minimum standards will be met in the future?

Step 5: Meet with a Counselor to Complete Academic Plan (REQUIRED)

In order for an appeal to be considered, students must meet with an a Counselor 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. Students should meet and consult with their faculty advisor, when applicable, regarding appropriate selection and sequencing of courses.

ALL STUDENTS MUST SUBMIT AN ACADEMIC PLAN OR THE APPEAL WILL BE REJECTED

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

Your Satisfactory Academic Progress Appeal must be received prior to payment due date to be considered for financial aid of the term applied. Presenting this Appeal and all requested documents does not guarantee approval of your SAP Appeal, please contact the Business Office to arrange for a payment plan.

SATISFACTORY ACADEMIC PROGRESS (SAP) ACADEMIC PLAN FORM

PLEASE PRINT LEGIBLY

Student Name _____ Student ID # _____

Section 1: TO BE COMPLETED BY A COUNSELOR ONLY

Program of Study _____ Expected Graduation Date _____

Check program level: Certificate Diploma Associate’s Degree

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

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.
If “yes”, skip Section 2 and go to Section 3.

_____ NO Student cannot meet the SAP requirements by the end of the next semester.
If “no”, continue to Section 2.

GRADES OF “F”, “I”, OR “W” WILL RESULT IN TERMINATION OF FINANCIAL AID

Section 2: EDUCATIONAL PLAN TO BE COMPLETED BY STUDENT

Academic goals for this semester	Plan to achieve goals
1.	
2.	
3.	

Factors that may hinder your academic success	Ways to manage these factors
1.	
2.	
3.	

Factors that may contribute to academic success	How will these factors impact your success?
1.	
2.	
3.	

Section 2: TO BE COMPLETED BY THE STUDENT AND THE COUNSELOR

Utilizing the following scale, circle the response that best reflects you as a college student:

	1 = very low	2 = low	3 = satisfactory	4 = high	5 = very high
Motivation	1	2	3	4	5
Self-discipline	1	2	3	4	5
Self-esteem	1	2	3	4	5
Confidence	1	2	3	4	5
Perseverance	1	2	3	4	5
Intellectual Interest	1	2	3	4	5
Study Habits	1	2	3	4	5
Attitude toward college	1	2	3	4	5
Sense of financial security	1	2	3	4	5
Family emotional support	1	2	3	4	5

Counselor's recommendations:

- Seek help of instructor
- Counseling/testing
- Reduce course load
- Follow-up appointment
- Seek tutoring
- Supplemental instruction
- Reduce work hours
- Referral to campus resource(s) (specify)
- Referral to community resource(s) (specify)
- Other (specify)

Plan developed with student:

Student Name _____ Student ID # _____

Academic plan for subsequent semester:

Semester/Year: _____

Course:

Anticipated Grade:

Course:	Anticipated Grade:

Section 3: COUNSELOR STATEMENT - PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

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.

Counselor's Printed Name Counselor's Extension Date

Counselor's Signature Counselor's E-Mail Address

Section 4: STUDENT ACADEMIC PLAN STATEMENT - PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

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 a minimum of 67% of all credits attempted each term.
3. _____ I must work toward a minimum cumulative 2.00 grade point average (GPA) to be eligible for graduation.
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

Section 5: STUDENT 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 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 Westmoreland is two (2).
- 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 Westmoreland 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 GPA and/or Completion Rate requirements, my eligibility for federal financial aid will be terminated. I will be ineligible for federal financial aid until I regain SAP by earning a 2.00 GPA and/or completing 67% of my attempted credits.
- If I fail to meet the 150% Max Time Frame requirement, my eligibility for federal financial aid will be terminated. I will no longer be eligible for federal financial aid at Westmoreland I may continue to attend Westmoreland at my own expense. Alternate sources of funding include the Tuition Payment Plan and alternative loans.

Student Printed Name

Student Signature

Date

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