

# WESTMORELAND COUNTY COMMUNITY COLLEGE

YOUNGWOOD, PENNSYLVANIA 15697

FINANCIAL AID OFFICE

TELEPHONE: 724-925-4063

FAX: 724-925-5802

**SAP Appeal Term  
Requested**

- Fall 2017  
 Spring 2018  
 Summer 2018

## **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 \_\_\_\_\_ Westmoreland 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%

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

**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@westmoreland.edu](mailto:financialaid@westmoreland.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:

	<b>1 = very low</b>	<b>2 = low</b>	<b>3 = satisfactory</b>	<b>4 = high</b>	<b>5 = very high</b>
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 \_\_\_\_\_ Westmoreland 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

