



WALLACE STATE

HANCEVILLE

2014-2015 Financial Aid Appeal Form Satisfactory Academic Progress Appeal

Name _____ Student Number _____

E-mail address _____ Cell Number _____

Major _____

Semester planned for enrollment: _____

Financial Aid Appeal Deadlines	
August 1, 2014	Fall 2014
December 3, 2014	Spring 2015
May 1, 2015	Summer 2015

Have you previously submitted a Financial Aid appeal? YES NO

SAP Guidelines

- Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas - cumulative GPA, hours earned, and maximum time limit- to be eligible for financial aid. See the SAP policy listed at www.wallacestate.edu/financialaid.
- It is the **student's** responsibility to stay informed of the SAP standards and to monitor their own progress on their Financial Aid Information at "myWallaceState."
- Students who fail to meet SAP will be notified by the financial aid office if they are out of compliance and not eligible to receive aid due to insufficient academic progress on "myWallaceState."
- **Submission of an appeal is NOT an automatic approval for financial aid.** Students will be notified from the information provided on this form after the Appeal Committee has met by e-mail. Students will also receive a formal letter in the mail of this determination.

Reinstatement Request Type

Below please indicate which situation applies to your academic difficulty:

- Medical:** If a personal medical problem contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.
- Death/illness:** If the death or illness of an immediate family member contributed to your lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary etc.
- Military Service:** If you have withdrawn due to military service, provide documentation
- Second Undergraduate Degree:** If you have attempted more than 150% hours due to working on a second degree, provide a personal letter explaining when you will graduate with your second degree. **You must have graduated with first degree.**
- Other Circumstances:** Please clearly state the circumstances (not listed above) in your appeal letter and provide appropriate documentation.

Note: Circumstances related to the typical adjustment to college life such as working while attending school, financial issues related to paying bills and car maintenance/travel to campus, are not considered as extenuating for purposes of appealing suspension of financial aid.

Directions for submissions:

- Do NOT discuss your **need** for financial aid as part of your rationale for reinstatement of Title IV Federal Financial Aid. It is assumed by the Financial Aid Appeals Committee that any student filing an appeal is doing so based upon financial need.
- **Incomplete applications will receive an automatic denial**
- **A detailed letter of explanation.** Please make sure to address the specific semesters where you experienced academic problems or withdrawals. Include what actions you took to make an effort to meet your responsibilities during the time of your mitigating circumstances and how your circumstances have improved.
- **Proof** that the event you described occurred. (Statement from your physician, medical bills, police report, obituary, etc.) Proof should support the circumstances in the letter and the terms on transcript in which circumstance occurred.
- **An Educational Plan** showing the courses you must take to graduate from WSCC with your declared major. Please meet with your advisor and put together a plan for each semester you plan to enroll until you graduate. Forms are attached for this purpose, Degree Works Plan will also be accepted with advisors signature. Appeals turned in without an Advisor signature is an automatic denial.
- **An Unofficial Transcript-** can be printed from your **myWallaceState** account

Appeal Results Student Acknowledgments

- If my appeal is **DENIED**, by signing below I understand that decisions are processed on a case-by-case basis and the committee may deny any SAP appeal. I also understand that the decision of the appeal committee is final.
- If my appeal is **APPROVED**, by signing below I recognize that I am expected to make academic progress as detailed in this appeal within the term for which the appeal has been approved including –
 - taking at least 6 hours of classes
 - pass all courses with a “C” average without any withdrawals
 - only register for courses that are in my Educational Plan that was submitted with Financial Aid Appeal. Additional courses or program changes are not allowed until progress is current

Signature: _____ Date: _____

KEEP A COPY FOR YOUR RECORDS

**Submit completed documents to Lion Central, located in the Bailey Center Lobby,
or send required documents to:**

**Wallace State Community College
Financial Aid Office
P.O Box 2000
Hanceville, AL 35077-2000**

FOR OFFICE USE ONLY

Hours Attempted _____ Hours Completed _____ GPA:

Major change: _____

Appeal Committee Approved Denied

Recommendation

FA Official Signature

Date

The Free Application for Federal Student Aid (FAFSA) is the only form that a student is required to complete to be considered for student assistance from any of the Title IV, HEA programs. No additional application or other request for information can be required by an institution in support of the student’s request for Title IV, HEA program assistance, except for information needed to ensure the student’s eligibility for such assistance (e.g., information needed to complete verification or to demonstrate compliance with the student eligibility provisions of the HEA and the regulations).

EDUCATION PLAN UNTIL DEGREE IS EARNED

Name: _____ Student No. _____

Semester: _____ Tuition, Fees, Books, etc. _____

Course Prefix	Number	Title of Course	Credit Hours

Semester: _____ Tuition, Fees, Books, etc. _____

Course Prefix	Number	Title of Course	Credit Hours

Semester: _____ Tuition, Fees, Books, etc. _____

Course Prefix	Number	Title of Course	Credit Hours

Semester: _____ Tuition, Fees, Books, etc. _____

Course Prefix	Number	Title of Course	Credit Hours

Name: _____ Student No. _____

Semester: _____ Tuition, Fees, Books, etc. _____

Course Prefix	Number	Title of Course	Credit Hours

Semester: _____ Tuition, Fees, Books, etc. _____

Course Prefix	Number	Title of Course	Credit Hours

Semester: _____ Tuition, Fees, Books, etc. _____

Course Prefix	Number	Title of Course	Credit Hours

Semester: _____ Tuition, Fees, Books, etc. _____

Course Prefix	Number	Title of Course	Credit Hours

Projected Graduation Date _____

Advisor Signature _____

Date _____

Student Signature _____

Date _____