Satisfactory Academic Progress Appeal Form

Process for Appeals of Satisfactory Academic Progress

Notification: The Office of Financial Aid & Student Employment notifies financial aid applicants if they fail to meet the standards of Satisfactory Academic Progress (SAP). Once they have been notified, they have the right to appeal to the SAP Appeal Committee. A student may normally appeal these standards ONCE during their academic career.

Appeal determination: The SAP appeal form, letters or supporting documentation, and medical documentation, must be made in writing to the SAP Committee, WCSU, Enrollment Services, 181 White Street, Danbury, CT 06810. You can also fax to (203) 837-8011 or email request_sap@wcsu.edu. Decision will be sent via WCSU student email only.

Please fill out the following information:

Name________________________________________  ID Number___________________________

Phone Number__________________________________

Have you ever appealed your SAP before to this committee?_____  If yes, what academic year?_______________

Reason for the appeal (please check one):

☐ Medical, Injury or Illness*   ☐ Death of Relative**  ☐ Special Circumstances

*If marked reason is medical, you must submit one of the following: letter from a doctor, medical bill, etc.
**If marked reason is death of a relative, you must submit documentation of the event.

Please provide the appeals committee a written explanation describing your reason for the appeal. Sustaining evidence (letters, etc.) may be attached. The more complete the information you provide, the better able to make a decision the committee will be. If you need more space, please attach a separate piece of paper.

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Please provide the appeals committee a written explanation as to what has changed to ensure progress toward your academic success in the future.

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__________________________________________________________________________________________

__________________________________________________________________________________________

_____________________________________  __________________________________________
Student signature                         Date

For Office Use Only

W _______   1st Waiver __________            Total attempted hours _______            GPA __________            Fall review _________

F _______   2nd Waiver __________            Total earned hours _______            Action plan _________            Spring review _________

Inc _______   3rd Waiver __________           % earned _______