

## WESTERN PIEDMONT COMMUNITY COLLEGE

### SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

The Financial Aid Office (FAO) has established an appeal process for suspension of Financial Aid related to Satisfactory Academic Progress (SAP). Any student who wishes to appeal the suspension of financial aid should read and complete the attached materials.

#### **PROCEDURE: In order to submit an appeal, you must:**

- Complete both sides of the Satisfactory Academic Progress Appeal form. Please be sure to attach documentation to support your appeal. If you are unsure of which items to complete or what documentation is required, please contact the FAO at (828) 448-6052 or -6046.
- Appeals submitted without supporting documentation will not be reviewed, except for appeals submitted due to exceeding the maximum allowable time frame to complete a program of study.
- Schedule an appointment to meet with your academic advisor to discuss your appeal, and to obtain the required information from the advisor to be submitted on the Financial Aid Satisfactory Academic Progress Degree Evaluation form. **Without your advisor's information, the appeal will not be reviewed.**
- Submit your appeal to the FAO located in Hildebrand Hall or mail it to Attn: Financial Aid, 1001 Burkemont Avenue, Morganton, NC 28655

#### **GUIDELINES:**

- Be specific when explaining your circumstances. Lack of information or documentation may result in a denial of your appeal. If health problems played a role in your circumstances, please attach supporting documentation from a physician or counselor.
- If you are unsure as to why you no longer meet SAP standards for financial aid, or if you have questions about completing the form, please contact the FAO.
- Please print legibly and sign both the Satisfactory Academic Progress Appeal Form and the Financial Aid Satisfactory Academic Progress Degree Evaluation Form.



**Step Two:**

Provide a brief explanation of the circumstances in Step One that led to the Satisfactory Academic Progress violation. Please print legibly.

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**Step Three:**

Please describe the steps you have taken to correct the problems that have prevented you from making Satisfactory Academic Progress. Please print legibly.

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**Step Four:**

**Certification and Signature.** I am requesting to have my eligibility for financial aid to be reinstated. I understand that my appeal will not be reviewed if it is incomplete or lacks documentation. By signing this form, I certify that the information provided on this form is both truthful and accurate.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**SUMBIT THIS COMPLETED FOR TO THE FINANCIAL AID OFFICE**

**FA OFFICE USE ONLY:**

Date Received by FAO: _____	Date of Review by Subcommittee: _____
Date Reviewed by FA Director: _____	Outcome: Granted _____ Denied _____
Outcome: Granted _____ Denied _____	If Granted, Effective Term: _____
If Granted, Effective Term: _____	Conditions: _____
Conditions: _____	Conditions: _____
If Denied, Referred to Subcommittee: Yes __ No __	

**WESTERN PIEDMONT COMMUNITY COLLEGE**

**FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS DEGREE EVALUATION FORM**

Students required to submit a degree evaluation are not making satisfactory academic progress towards the completion of their stated degree. All sections of this form must be completed by your academic advisor and must be signed by both advisor and student. Students will also need to complete the WPCC Satisfactory Academic Progress Appeal Form and return both forms to the Financial Aid Office.

Student Name: \_\_\_\_\_ Student's WPCC ID#: \_\_\_\_\_

Current Major: \_\_\_\_\_ Credit Hours Completed Toward Degree: \_\_\_\_\_

Credit Hours Still Needed: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Academic Plan: List specific course numbers student needs to complete program under applicable semester:

Semester 1	Semester 2	Semester 3	Semester 4
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advisor's Comments: (Please include any observations or recommendations regarding the student's progress.)

**To the Advisor:**

By signing the document you certify that you have met with the student and discussed the requirements of the stated degree program the student is pursuing. Also, you agree that the classes and total number of credits listed above apply toward that degree and are needed for the student to complete their course of study and graduate.

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

**To the Student:**

By signing this document you certify that you have met with your academic advisor and discussed the requirements needed to complete your degree. You also acknowledge that if your financial aid is reinstated, you will be required to sign an Academic Plan created by the Director of Financial Aid or Financial Aid Subcommittee designed to help you graduate from WPCC.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_