Satisfactory Academic Progress Appeal Form

2024-2025



			FINANCIA	AL AID AND SCHOLARSHIPS			
Student	s's Name (Last, First, MI)		myWSU ID				
Student's Address		City, State, Zip		WSU Email Address			
	TERM	PRIORITY DATE TO SUBMIT	FINAL DEADLIN	IE			
	Summer 2024	May 31, 2024	June 14, 2024				
	Fall 2024	June 28, 2024	August 30, 2024	4			
	Spring 2025	November 29, 2024	February 3, 202				
Check	the semester for which you □ Sumr		□ Spring 2025				
Check	your admission level:						
	☐ Undergrad/1st Bachelor	's □ Undergrad/2 nd Bachelo	or's 🗆 Graduat	te/PhD/Master's			
my know appeal of decision I have re www.wi reviewe with res	wledge. I understand that I a decision. I acknowledge that n of the Satisfactory Academent of the WSU Satisfactory Academent of the WSU Satisfactory Academical of the end of each semested ult in the loss of my financial	at the information contained m responsible for meeting part decisions on appeals are maked in Progress Committee and/cademic Progress which is avainated that if my appeal is appear and that any failure to meet I aid eligibility. I also must meet I aid eligibility.	nyment deadlines ade on a case-by- or the WSU Office allable online at oroved, my acade the conditions of	s while waiting on an -case basis and the e of Financial Aid is final. emic progress will be of my approved appeal			
	ctions >>> following documents are req	uired for your appeal:					
	Tell us why you did not mee → Write a detailed explana (If this is your 2 nd or s previous appeal).	et SAP standards tion of the circumstances tha subsequent appeal, your circ will you take to address these	umstances mus	st be different from your			
	physician or counselor,	f Circumstances mit documentation or supporting letters to confirm your circumstances (e.g., letter from sician or counselor, medical bills, death certificate, military orders, court documents) ith your College Academic Advisor to Complete Page 2					
L	→ Your academic advisor must provide your sign	r <u>must</u> complete page 2 of th atures. ows what additional courses	nis form. You an	·			
	mit this appeal form, your le ce of Financial Aid & Schola	tter and documentation, and					

Incomplete appeals will be denied.

July, and August.

1845 Fairmount Street | Wichita, KS 67260-0024 wichita.edu (316) 978-3430 | (855) 978-1787 FOR OFFICE USE ONLY: 2324 = Summer 2024 APPEAL (1st) APPL2 (2nd) APPL3 (3rd) Tracking Code: 2425 = Fall 2024 / Spring 2025 APPEAL (1st) APPL2 (2nd) APPL3 (3rd) Revision Date: 2/5/2024

Satisfactory Academic Progress – Academic Plan

Student's Name (Last, First, MI) Degree Semester/Year:/20			myWSU ID Numbe	r Academic	Academic College	
			Major	Graduation Date		
			Seme	ster/Year:	/20	
	Course Name	Cr. Hrs.		Course Name	Cr. Hrs.	
			_			
	Total			Tota	al .	
Somos	ter/Year:/20))	Sama	ster/Year:	/20	
Seilles	Course Name	Cr. Hrs.	Seme	Course Name	/20 Cr. Hrs.	
	Total			Tota	nl	
*Additio	 onal pages may be submitted as	needed.				
CERTIF	FICATIONS AND SIGNATURE	es .				
you purp	g: If you receive student aid base bosely give false or misleading in tion: By signing below, I certify t entation	nformation o	n this form, you may be	fined \$20,000, receive a p	rison sentence, or b	
→	Please allow 2-3 weeks for proreceived.	ocessing. Pro	cessing cannot begin ι	ıntil all requested documer	itation has been	
Advisor's Printed Name				Advisor's Signature (Required) Typed Signatures will not be accepted		
				Student's Signature (Required) Typed Signatures will not be accepted		

1845 Fairmount Street | Wichita, KS 67260-0024 (316) 978-3430 | (855) 978-1787

wichita.edu

APPL2 (2nd) APPL2 (2nd)