



# Student Financial Assistance

## Federal Satisfactory Academic Progress (SAP) Appeal Form

[Priority deadlines: Fall semester: 7/31/23 | Spring semester: 12/03/23]

SAP Appeal Request \_\_\_\_\_ Semester, 2023-24 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

- Any student who was Academically Dismissed will NOT eligible for a Financial Aid Waiver.
- Complete 2023-24 FAFSA
- Complete the S.A.P. Appeal Request Form
- Type a letter explaining the circumstances for the appeal
- Provide a copy of documentation to support your reason as explained in your letter for the appeal (This can include but not limited to, medical documentation, police report, a letter on letterhead from a doctor, lawyer, clergy, or employer)
- Meet with an Academic Advisor to create an academic plan showing courses needed to complete your program. (Submit documented plan)
- You are required to create an account on the SUNY Smart Track site and complete one of the financial literacy modules. You must **print** the confirmation and submit it with their appeal.
- Submit all documents to the Office of Student Financial Assistance.

*All applications will be reviewed and students will be notified in writing of the decision.*

**Please read and complete this section:** In accordance with Federal Financial Aid regulations, students receiving federal aid for their educational cost are required to maintain an acceptable cumulative GPA, while at the same time completing a specified percentage of the credits for which they register within a certain time frame. This is called *Student Academic Progress* or S.A.P. Appeals are a one-time option for unforeseen, extenuating circumstances and are not for ongoing medical issues.

- I understand that if I am academically dismissed, I will not be eligible for a Financial Aid S.A.P. appeal request.
- I understand that to receive Federal funds, I have to meet the S.A.P. requirements at Westchester Community College.
- I also understand that I may be eligible for only one appeal for federal aid.
- **I understand this appeal does not guarantee an approval.** *If after a review of my academic transcript, it is determined that I cannot make up my academic deficiencies within the semester that an appeal could be granted, my appeal will be denied and I will be responsible for the semester charges.*
- I understand that if an appeal is approved, I must adhere to my academic plan and earn a minimum semester GPA of 2.0 for the waiver term, in order to continue to receive financial aid in future semesters. If my plans change and I will not be attending WCC, it is my responsibility to officially withdraw from my courses to avoid tuition liability.

Student Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Additional Contact # \_\_\_\_\_

**To be completed by Financial Aid Counselor**



Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

**{ } This appeal has been approved for \_\_\_\_\_ semester, 20\_\_\_\_\_**

This student eligible to receive \_\_\_\_ federal aid, \_\_\_\_ state aid because (of):

- { } Serious medical issue of the student. (Medical Record/Doctor letter attached)
- { } The serious illness/death of an immediate family member (such as death certification/prayer card attached).
- { } Serious or unusual personal circumstances (such as financial hardships, employment, Document(s) attached)
- { } Student is able to meet the academic requirements within the semester the appeal is being requested.
- { } Other(s) \_\_\_\_\_

**\*\*The Student MUST complete the following by the end of the waiver semester: ...**

- ( ) Student's minimum cumulative earned credits will be \_\_\_\_\_, repeating a passing grade will not be included
- ( ) Student's must earn additional \_\_\_\_\_ academic credits, repeating a passing grade will not be included
- ( ) Student's minimum current semester GPA will be \_\_\_\_\_
- ( ) Student's minimum cumulative GPA will be \_\_\_\_\_
- ( ) For 150% waiver, student's maximum attempted units will be extended to \_\_\_\_\_.  
Or, student will be graduated in \_\_\_\_\_ semester, 20\_\_\_\_\_.

**{ } This appeal has been denied for \_\_\_\_\_ semester, 20\_\_\_\_\_**

- { } Student is unable to meet the academic requirements within the semester the appeal is requested for.
- { } Student's circumstances are not considered extenuating.
- { } Student's documentation is not related to or does not support the circumstances indicated.
- { } Student has been granted prior appeal or this is a reoccurring circumstance.

Counselor's Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Financial Aid Counselor

\_\_\_\_\_  
Date

Contact Counselor – [finaid@sunywcc.edu](mailto:finaid@sunywcc.edu)

# Financial Aid Waiver Completion Plan



Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Major: \_\_\_\_\_

Semester: \_\_\_\_\_

Semester: \_\_\_\_\_

<i>Course</i>	<i>Credits</i>

<i>Course</i>	<i>Credits</i>

Semester: \_\_\_\_\_

Semester: \_\_\_\_\_

<i>Course</i>	<i>Credits</i>

<i>Course</i>	<i>Credits</i>

Semester: \_\_\_\_\_

Semester: \_\_\_\_\_

<i>Course</i>	<i>Credits</i>

<i>Course</i>	<i>Credits</i>



**Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_