

Student Financial Assistance

Federal Satisfactory Academic Progress (SAP) Appeal Form

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

SAP Appeal Request _____ Semester, 2025-26 Date: ____/____/____

Student Name: _____ Student ID: _____

- Any student who was Academically Dismissed will NOT eligible for a Financial Aid Waiver.
- Complete 2025-26 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 counselor 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

Financial Aid Waiver Completion Plan



Student Name: _____ Student ID#: _____

Major: _____

Semester: _____

Course	Credits

Semester: _____

Course	Credits

Semester: _____

Course	Credits

Semester: _____

Course	Credits

Semester: _____

Course	Credits

Semester: _____

Course	Credits

Counselor: _____ **Date:** _____