



Satisfactory Academic Appeal Progress Form

Name: _____ Ram ID: _____

Email: _____

WSSU email must be used for currently enrolled students; personal emails can only be used for students not currently enrolled

I am submitting an appeal for the following reasons (check all that apply):

- A** Grade Point Average (Required Cumulative GPA of 2.0) Cumulative
- B** 67% rate of completion
- C** Maximum Timeframe (must attach a list of remaining coursework)

Last term attended: _____ Year: _____ Semester you wish to appeal: _____ Year: _____

Please read in its entirety:

- 1. LETTER OF EXPLANATION:** Type a clear and concise letter describing the extenuating circumstances that were detrimental to your academic performance during the last term that you were enrolled. Explain how your academic performance was affected by the extenuating circumstances. Clarify in your appeal how these events/circumstances have now been resolved or are being managed.
- 2. OFFICIAL DOCUMENTATION:** Include all necessary documentation to support the existence of extenuating circumstances described and evidence that the circumstances have been resolved or are being managed. For examples of suggested documentation, view the additional information provided in this appeal application.
- 3. ACADEMIC SUCCESS PLAN:** Undergraduate students who have passed 39 hours or less are required to complete the Academic Success Plan with your Academic Advisor in Hill Hall. Undergraduate students who have passed 40 hours or more are required to complete the Academic Success Plan with your Faculty Advisor.
- 4. GRADUATE STUDENTS:** As a graduate student you are required to maintain a 3.0 GPA to remain in your program of study. If you fall below this requirement as a Graduate student, you must submit the following: (1) A completed SAP appeal Form, (2) any supporting documentation. You may be required to a statement from your Department Chair on WSSU Letterhead about your continuation in the program. These documents help provide a clear picture of your academic standing and your commitment to improving and successfully completing your program.

By signing this form, I certify that I have read the WSSU Satisfactory Academic Progress (SAP) policy and that the information I have provided is accurate and complete. I understand that submission of an SAP Appeal does not guarantee reinstatement of aid eligibility. I understand that I am responsible for making necessary payment arrangements for the charges I owe the WSSU regardless of the outcome of my appeal. If I choose not to attend WSSU, I understand it is my responsibility to officially withdraw from my registered classes by the established deadline. Lastly, I agree that if I am approved, I understand that I must maintain a **2.5 semester GPA for the subsequent semesters**. By signing below certify that all information reported is true, correct, and completed to the best of my knowledge. Individuals who purposely provided false or misleading information on this worksheet may be fined, sentenced to prison, or both.

Student Signature: _____ **Date:** _____

APPEALS CHECKLIST

Below you will find a checklist and additional information to help you develop the strongest appeal possible for consideration by the Financial Aid Counselors and SAP Appeal Committee.

➤ Detailed explanation of how circumstances impacted academic success

Did you explain your extenuating circumstances? This is required before any request can be considered for approval. The term “extenuating circumstance” means events or circumstances beyond your control that have substantially interfered with your ability to succeed during the semester. Type a clear and concise letter describing the extenuating circumstances that were detrimental to your academic performance during the last term that you were enrolled. Explain how your academic performance was affected and clarify in your appeal how these events/circumstances have now been resolved or are being managed.

An appropriate cause can be:

- Medical/Psychological circumstances
- Personal/Family Emergency
- Unexpected Death of a Family Member
- Domestic Violence/Sexual Assault
- Serious Car Accident
- Changes in Employment

➤ Documentation of extenuating circumstances

Before submitting your appeal, please make sure you include all necessary documentation to support the existence of extenuating circumstances described and evidence that the circumstances have been resolved or are being managed.

Examples of possible documentation are outlined in the table below. If you are unsure about what documentation to include, contact the Office of Scholarships and Financial Aid for assistance.

| EXTENUATING CIRCUMSTANCE | SUGGESTED DOCUMENTATION |
|--|---|
| Medical/Psychological circumstances | <ul style="list-style-type: none">• Statement from physician(s) or therapist on letterhead including dates of service and whether the student is stable and ready to return to the University |
| Personal/Family Emergency | <ul style="list-style-type: none">• Medical documentation or statement from a physician on letterhead including dates of service• Notarized statement from parent or family member |
| Death of a Family Member | <ul style="list-style-type: none">• Copy of the full obituary (front covers only are not allowed), funeral program, or certified death certificate• Statement of the relationship between the student and the deceased to accompany the obituary or funeral program |
| ***Domestic Violence /Sexual Assault | <ul style="list-style-type: none">• Copy of police report or court/legal documents• Statement from physician or therapist on letterhead including dates of service and whether the student is stable and ready to return to the University <p>*** Academic Appeals disclosing incidents of sexual assault, domestic violence, dating violence, stalking, or sexual- or gender-based harassment must be reported to our Title IX Coordinator. The Title IX Coordinator will reach out to offer support, resources, and/or an investigation. Know, however, you are in control over what other information, if any, you decide to share with them. If you wish to discuss reporting options confidentially before, while completing, or after you submit this form, the Office of Interpersonal Violence Prevention is available to support you. The Office of Interpersonal Violence is located on the third floor, suite 300 of the Thompson Center, and can be contacted by phone at 336-750-8531.</p> |
| Serious Car Accident | <ul style="list-style-type: none">• Copy of police report• Medical documentation or statement from a physician on letterhead including dates of service• Documentation from the repair company indicating the seriousness of the accident |
| Changes in Employment/ Unexpected Financial Difficulty | <ul style="list-style-type: none">• Statement from Employer indicating employment change/termination• Financial/Bank statements |

SAP Appeal Review

All completed appeals (completed appeals include the academic success plan and supporting documents) will be reviewed by a Financial Aid Counselor. If your appeal is approved your aid will be re-instated and you will be notified via your Rams email account. If your appeal is denied, your appeal will move to the SAP Appeals Committee for review. You will be notified via email if your appeal is approved or denied. **Appeals reviewed by the SAP Committee are final.**

Paragraph 1 – Provide a clear and detailed description of the circumstances that contributed to your academic problems.

Paragraph 2 – What steps have you taken to resolve the circumstances listed above?

Paragraph 3 – List the steps you intend to take to improve your academic performance and prevent future issues with academic performance.

By signing this form, I certify that I have read the WSSU Satisfactory Academic Progress (SAP) policy and that the information I have provided is accurate and complete. I understand that submission of an SAP appeal does not guarantee reinstatement of aid eligibility. I understand that I am responsible for making the necessary payment arrangements for any charges I owe the University regardless of the outcome of my appeal. If I choose not to attend WSSU, I understand it is my responsibility to officially withdraw from my registered classes by the established deadlines. *Lastly, I agree that if I am approved, I understand that I must maintain a **2.5 semester GPA for subsequent semesters**.* By signing below, you certify that all information reported is true, correct, and completed to the best of your knowledge. Individuals, who purposely provide false or misleading information on this worksheet may be fined, sentenced to prison, or both.

Student's signature: _____ *Date:* _____

Ram ID: 940 _____