WALLACE STATE

2024-2025 Financial Aid Appeal Form Satisfactory Academic Progress Appeal

| Stude | nt's Name | Student's "A" Number Student's Cell Phone Semester appeal to begin: | | | |
|---------------|--|---|--|---|---------------------|
| E-mai | l address | | | | |
| Declar | red Major: | | | | |
| *Con iPhon | nplete appeals with advisor signature and c es and Android phones have apps that allo | documentation may b www.users to scan docu | e emailed to <u>karen.c</u> ments for easy ema | lowns@wallacestate.iling and uploading. | <u>edu</u> . |
| | Financia | al Aid Appeal Dea | dlines | | |
| | FALL 2023 OPEN ENROLLMENT/ MINI I | 8/12/2024 | Mini II | 10/11/2024 | 1 |
| | SPRING 2024 OPEN ENROLLMENT/ MINI I | 01/06/2025 | MINI II | 03/03/2025 | - |
| | SUMMER 2024 OPEN ENROLLMENT/ MINI I | 05/15/2025 | MINI II | 06/30/2025 | - |
| • | Federal regulations require students to ma hours earned, and maximum time limit—twww.wallacestate.edu/financialaid. | o be eligible for finance all classes they st aid on up to 150% | cial aid. See the Sa art o of their Degree | AP policy listed at Program | |
| • | Aid Information at "My Wallace State." Students who fail to meet SAP will be not receive aid due to insufficient academic p Submission of an appeal is NOT an aut information provided on this form after the in email form of this determination. | tified by the financial rogress on "My Walla omatic approval for | aid office if they ar ce State." financial aid. Stude | e out of compliance a | and not eligible to |
| | please indicate which situation applies to yo Medical: If a personal medical problem of documentation from a medical professional Death/Illness: If the death or illness of an attach appropriate copies of medical recormilitary Service: If you have withdrawn | ontributed to your failt al from whom you hav immediate family men ds, death certificate, ol | are to maintain satisfice received advice or mber contributed to yoituary etc. | treatment. your lack of academic | |
| | Second Undergraduate Degree: If you he your expected graduate for the second deg Other Circumstances: Please clearly state | ave attempted more the ree in your letter. You | an 150% hours due t must have graduat | to working on a second ted with first degree. | |

documentation.

Note: Circumstances related to the typical adjustment to college life such as working while attending school, financial issues related to paying bills and car maintenance/travel to campus, are not considered as extenuating for purposes of appealing suspension of financial aid.

Directions for submissions:

- Do NOT discuss your **need** for financial aid as part of your rationale for reinstatement of Title IV Federal Financial Aid. It is assumed by the Financial Aid Appeals Committee that any student filing an appeal is doing so based upon financial need.
- Students cannot appeal a prior balance owed as a result of an early withdrawal or a Return of Title IV balance owed.
- Incomplete applications will receive an automatic denial
- A detailed letter of explanation. Please make sure to address the specific semesters where you experienced academic
 problems or withdrawals. Include what actions you took to make an effort to meet your responsibilities during the time of
 your mitigating circumstances and how your circumstances have improved.
- **Proof** that the event you described occurred. (Statement from your physician, medical bills, police report, obituary, etc.) Proof should support the circumstances in the letter and the terms on transcript in which circumstance occurred.
- **Degree Works from your My Wallace State account** showing the courses you must take to graduate from WSCC with your declared major. Once you have discussed this with an advisor both of you must sign the Degree Works. Appeals turned in without both a student and Advisor's signature will be an automatic denial.

Appeal Results Student Acknowledgments

- If DENIED: by signing below I understand that decisions are processed on a case-by-case basis and the committee may deny
 any SAP appeal. I also understand that the decision of the appeal committee is final.
- If APPROVED: by signing below I recognize that I am expected to make academic progress as detailed.
 - o taking at least 6 hours of classes
 - o pass all courses with a "C" and no withdrawals
 - o **only** register for courses that are in my Educational Plan that was submitted with Financial Aid Appeal. Additional courses or program changes are not allowed.

| Signature: | | Date: | | |
|--|-----------------------------|---|--|--|
| Advisor Signature: | | Date: | | |
| Projected Graduation Dat | te: | | | |
| KEEP A COPY FOR YO | OUR RECORDS | | | |
| Submit <i>completed</i> do | cuments at Lion Central, em | ail to karen.downs@wallacestate.edu or mail to: | | |
| Wallace State Community College Financial Aid Office | | | | |
| P.O Box 2000 Hanceville, AL | | | | |
| FOR OFFICE USE | ONLY | | | |
| Hours Attempted | Hours Completed | GPA: | | |
| Major change: | | | | |
| Appeal Committee App | proved Denied Denied | | | |
| Recommendation | | | | |
| FA Official Signature | | Date | | |

The Free Application for Federal Student Aid (FAFSA) is the only form that a student is required to complete to be considered for student assistance from any of the Title IV, HEA programs. No additional application or other request for information can be required by an institution in support of the student's request for Title IV, HEA program assistance, except for information needed to ensure the student's eligibility for such assistance (e.g., information needed to complete verification or to demonstrate compliance with the student eligibility provisions of the HEA and the regulations).

Wallace State Community College prohibits discrimination based on the grounds of sex, sexual orientation, gender identity, part- or full-time status, disability, age, race or national origin, be excluded from participation in, be denied the benefits of, any educational program or activity.