



WALLACE  
COMMUNITY  
COLLEGE

I AM REQUESTING TO APPEAL SUSPENSION (CHECK)

COMPLETION RATE \_\_\_\_\_ MAXIMUM TIME FRAME \_\_\_\_\_

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Program \_\_\_\_\_ Attending Campus \_\_\_\_\_

Please check the term you are requesting an appeal: Fall 2020 \_\_\_\_\_ Spring 2021 \_\_\_\_\_ Summer 2021 \_\_\_\_\_

**Deadline to submit an appeal is TEN business days before the beginning of the term you plan to enroll. Please note the following:**

- **Financial aid suspension is a serious situation that warrants careful examination of the causes and a plan of action. Each section must be answered thoroughly. Attach additional documentation (3<sup>rd</sup> party), and all appeals must be submitted through this form. Incomplete sections will cause your request to be dismissed without consideration.**
- **You have been placed on Financial Aid Suspension for not completing at least 67% of your attempted credit hours and/or exceeding the maximum timeframe to complete your program.**
- **Appeals, when reviewed, take into consideration your academic progress at WCC and all transfer credits accepted into your program of study (including all developmental/remedial credits), the reason for your lack of progress, and all supporting documentation submitted with this appeal form.**
- **If appealing max time frame suspension, you must include a program degree audit including required courses and credit hours remaining to graduate.**
- **Incomplete forms (such as section A, section B, the back or missing supporting documentation) will not be reviewed.**
- **A student whose appeal has been approved must follow the directions specified in their approval letter.**
- **The decision of the Financial Aid Director/Appeal Committee is final.**

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#### Section A:

Please indicate the circumstances that have caused you to be suspended. **Your appeal will be considered if you have experienced one of the circumstances listed below and include documentation to support the circumstance:**

\_\_\_\_ Death of Immediate Family Member  
\_\_\_\_ Unforeseen Emergency/Circumstance

\_\_\_\_ Serious Illness/Injury (resulting in excessive absences)  
\_\_\_\_ Non-Voluntary Military Activation

#### Section B:

1. State clearly and specifically all of the reason(s) why you failed to meet satisfactory academic progress. **(If left blank, your appeal will be denied)**

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2. What has changed that will allow you to make satisfactory academic progress at the next evaluation. **(If left blank, your appeal will be denied)**

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3. Please provide any additional facts that should be considered in evaluating your request.

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**CERTIFICATION STATEMENT:** I certify that the information submitted is true and correct to the best of my knowledge. I have read each section and provided the required documentation explaining why and what has changed that will allow me to meet satisfactory academic progress at the next evaluation. I understand that I will be notified of the final decision by WCC student e-mail, and the decision of the Director of Financial Aid/Appeals Committee is final.

Student's signature: \_\_\_\_\_ Date \_\_\_\_\_

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| <b>Please Return to the Office of Financial Aid</b> |
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For Financial Aid Office Use:

☐ Approved

☐ Denied

SAP Appeals Committee:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date