



FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Student Name _____ WITT ID# _____

Email Address _____ Cell Phone _____

Appeal Term (Select One) _____ Summer Term 2022 _____ Fall Semester 2022 _____ Spring Semester 2023

Appeal Process:

Step 1: Please write a statement that explains the circumstance or reason you failed to meet SAP requirements. Please type your statement in this box.

Step 2: Please write a statement that explains what has changed in your situation that will now enable you to meet SAP requirements. Please type your statement in this box.

Step 3: Supporting Information that Verifies the Statements Above.

Who has been supporting you on campus, or who has knowledge of the circumstances you've outlined? Please check at least one box. We will contact this office to receive information to complete the appeal process.

- ☐ COMPASS
- ☐ Counseling/Wellness
- ☐ Dean's Office
- ☐ Faculty: _____ (individual's name)
- ☐ Athletic Training
- ☐ Pastor's Office
- ☐ Health Center
- ☐ Other: _____ (individual's name/position)

- ☐ If no one on campus is aware of your situation, please check here and supply documents to support what occurred or changed in your situation.

Additional: If you failed to meet the Maximum Timeframe SAP requirement, you must also complete the SAP APPEAL MAXIMUM TIMEFRAME FORM. Please complete this form only if you failed the SAP Maximum Timeframe requirement.

Certification Statement: By submitting this SAP appeal and documentation, I am authorizing the Office of Financial Aid to review my academic record, my statements, and documentation to determine if I may be eligible for one term of financial aid SAP probation. I certify that the information that I have supplied through this appeal process is true and accurate. If I have submitted false statements or documentation, I understand that my appeal will be denied, and I may be subject to university disciplinary action.

Student Signature _____

Date _____