

Student Financial Aid Satisfactory Academic Progress Appeal Form

| Student's Full Name: | ID #: |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Phone #: | Academic Year Requesting Reinstatement: |
| Select the term for which you are requesting | g reinstatement: |
| eviously assigned stipulations, <u>AND</u> was directional aid by completing the following (<u>incorrection</u>) | |
| circumstance(s) that prevented you from meet | with this form, submit a typed letter of explanation detailing the mitigating m maintaining satisfactory academic progress. Your letter must include how the ting satisfactory academic progress during the timeframe you failed standards <u>and</u> how longer affect your academic performance. |
| | Select your mitigating circumstance below that contributed to your failure to maintain ubmit the appropriate supporting documentation. |
| Death/Illness: If the death or please attach appropriate copi | on from a medical professional from whom you have received advice or treatment. illness of an immediate family member contributed to your lack of academic progress, es of medical records, death certificate, obituary, etc. nit official documentation applicable for your specific circumstance (not listed above). |
| Part 1: Letter of Explanation - Provi (including transfer work) and have not | ide a typed letter detailing the reason(s) why you have attempted over 165 hours completed your degree program within six years. It a copy of your program evaluation with written graduation date signed by your |
| academic advisor. | |
| t guarantee approval. If approved, I understand tha at incomplete appeals will be denied and acknowled | rovided within my appeal is complete and accurate. I understand that submission of an appeal does at I must adhere to the stipulations given to me for continued financial aid eligibility. I understand dge all deadlines. I understand that I am responsible for payment on my account if my appeal is I understand the decision of the Satisfactory Academic Progress Review Committee is subject to |
| Signature | Date |
| To ensure federal aid eligibility is determined prior to the start of the semester, submit your completed appeal by: Fall June 15 Spring January 10 | Washington College complies with the requirements of Title IX of the Education Amendments of 1972, 20 U.S.C. Sec. 1681, et seq., and subsequent regulations, which prohibit discrimination on the basis of sex in all programs and activities receiving federal financial assistance. In the event that the information you share in this appeal process is subject to a Title IX violation, it is mandated that any Washington College employee must report that disclosure to the University's Title IX Coordinator. |