

Eastern West Virginia Community and Technical College
Financial Aid Office

The following requirements must be submitted to the Financial Aid Office for your appeal to be reviewed:
1. A completed Appeal Form
2. A signed, formal, personal statement explaining your extenuating circumstances
3. Supporting documentation that supports your extenuating circumstances
4. An explanation of steps that will be taken to ensure that the minimum SAP standards will be met
5. An academic plan completed and signed by your Academic Advisor

STEPS FOR ACHIEVING SAP:

- Current Major: _____
- Anticipated Graduation Date: _____
- I need to complete _____ credit hours to graduate.
- My current GPA is * _____
- My GPA should be _____ according to SAP standards.
- I have attempted* _____ credit hours throughout my academic history.
- I have successfully completed * _____ credit hours throughout my academic history.

*For continuing students, academic information may be found on your MyEastern account. Select the following menu items; Student Information, then Student Records, and then Academic Transcript. After you hit Submit, towards the bottom you will find the Transcript Totals section with your cumulative GPA and credit hours.

- My current Completion Percentage is ** _____%
- My Completion Percentage should be _____% according to SAP standards.

**To calculate your completion percentage you take the total hours you passed and divide it by the total hours you attempted.

Please check the box for all of your **strategies**, including any plans you have or will need to have, which will help to achieve the Standards of Academic Progress, as well as, graduate in your stated program. A signature from the appropriate faculty or staff member must be provided signifying that you made contact with them.

Seek assistance from the Learning Lab: School Official's Signature _____
Tutoring Services

Seek assistance from Student Services: School Official's Signature _____
Disability Services
Counseling Services

Seek assistance from Academic Affairs: School Official's Signature _____
Academic Advisor
Professors

Seek assistance from Records and Registration: School Official's Signature _____
Academic Forgiveness
D/F Repeat

Other: _____

Last Name, First Name, M.I.

Student ID Number

STUDENT CERTIFICATION:

I understand that appeal decisions are made on a case-by-case basis. I understand the submission of this form does not constitute an approval of my appeal and that I must still make payment arrangements.

I understand if my appeal is:

- DENIED, I will not receive financial aid and will make alternative payment arrangements. By signing below, I understand that decisions are processed on a case-by-case basis and the Financial Aid Office may deny any SAP appeal. I also understand that the decision of the appeal is final. I understand that in order to regain my financial aid eligibility I must meet the federal SAP requirements.
- APPROVED, I will be granted aid on a probationary status. By signing below, I understand that in order to continue my eligibility I will be expected to meet all SAP requirements. I will maintain a semester GPA of at least 2.0 and not withdraw or fail to receive credits for classes enrolled. I will only enroll in hours that are recognized as required courses towards graduation.

I understand that if I do not meet these requirements I will be ineligible to receive financial aid and will be responsible for payments toward my student bill until I meet all satisfactory academic progress standards.

By signing below, I am certifying that I have read the information listed above and that I understand the conditions required in order for my financial aid appeal to be granted. I also understand that failure to complete these requirements may result in the loss of my financial aid.

I hereby certify that all information contained in this appeal, including the personal statement and documentation, is true and complete to the best of my knowledge. I am aware that falsified documentation will result in an immediate denial of my appeal.

Student Signature: _____ Date of Application Submission: _____

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