



**FINANCIAL AID OFFICE**  
**PO BOX 277~SCOTTVILLE, MI 49454-0277**  
**PHONE 231-843-5518~FAX 231-845-3944**  
**finaid@westshore.edu**

**SATISFACTORY ACADEMIC PROGRESS APPEAL**

**You must meet with the WSCC Financial Aid Director before your appeal may be approved.**  
**Please call 231-843-5518 to schedule an appointment.**

Name \_\_\_\_\_ WSCC Student ID# \_\_\_\_\_

What is the highest degree you want to complete in your lifetime? \_\_\_\_\_

What WSCC Degree are you working on? \_\_\_\_\_

**Go to your my.westshore.edu student portal to review your transcript.** Find each semester that your GPA fell below a 2.0 and/or you did not complete 67% or your credits and complete the box below.

Year Semester What circumstances affected your academic progress?

Year	Semester	What circumstances affected your academic progress?

Review your transcript to find –

Current GPA \_\_\_\_\_ Completed Credit Hours \_\_\_\_\_

Attempted Credit Hours (including transfer credits) \_\_\_\_\_

Completion Rate – (completed credits divided by attempted credits) \_\_\_\_\_ %

*Please complete the reverse side*

Student Name \_\_\_\_\_ WSCC ID# \_\_\_\_\_

How have your past issues been resolved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What steps will you take to ensure success in future semesters? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If this appeal is approved, I understand that I will be placed on Financial Aid Probation and must follow an Academic Progress Plan and that my academic progress will be monitored at the end of each semester and that I must:

- 1) Complete 67% of attempted credits each semester.**
- 2) Obtain a minimum GPA of 2.0 in each class.**

I understand that if I do not meet these requirements my federal financial aid, VA education benefits, and state financial aid will be cancelled again and I will be ineligible for funding for future semesters at WSCC until I have a cumulative 2.0 GPA and have completed 67% of all of my credits.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

***Office Use Only***

Approved \_\_\_\_\_ Denied \_\_\_\_\_ FA Director \_\_\_\_\_ Date \_\_\_\_\_

Additional Documentation Needed \_\_\_\_\_

Other Action Required \_\_\_\_\_

Reason Denied \_\_\_\_\_