



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 – 1st Appeal

To be eligible to receive Federal financial aid funds to help cover costs for your education, you must be making Satisfactory Academic Progress (SAP). This means that you must have a minimum 2.0 Grade Point Average (GPA) and a minimum 67% completion rate of attempted credit hours for both the semester and overall to complete your program. Please visit <https://www.westshore.edu/admissions/paying-for-college/financial-aid/> to view WSCC’s Satisfactory Academic Progress policy.

Please complete and submit this form. After the form has been reviewed, you will be contacted to schedule an appointment to meet with WSCC’s Financial Aid Director.

Name _____ WSCC ID# _____

Phone: _____ Current WSCC Degree: _____

EDUCATIONAL GOALS:

What is your plan after graduating from WSCC with current degree? (Please select from the following)

- Transferring to another college/university (Institution Name: _____)
- Working in career field
- Other: _____

FINANCIAL AID FUNDING STATUS:

Access your NSLDS Financial Aid Review Summary – go to www.studentaid.gov. Click on “Financial Aid Review. Accept the privacy and encryption statements. You will then be asked to log in using FSA user ID and password. The initial login page is your Financial Aid Review page.

Based on the information reviewed from accessing NSLDS, please answer the questions below:

1. Your aggregate Federal Student Loan debt: \$ _____
Independent Student – Aggregate Undergraduate Limit: \$57,500
Dependent Student – Aggregate Undergraduate Limit: \$31,000
2. Your Pell Lifetime Eligibility Used (LEU): _____ %
Pell Lifetime Limit is 600.00% or 6 full-time years of enrollment

SATISFACTORY ACADEMIC PROGRESS STATUS:

Go to your my.westshore.edu student portal to review your transcript. Review your transcript to determine your GPA and completion rate for your most recently completed semester and the semester you last attended before your most recently completed semester.

SATISFACTORY ACADEMIC PROGRESS APPEAL:

Note: You must provide a written detailed explanation of the factors contributing to your lack of academic progress. For your two most recently completed semesters, please indicate which mitigating situation beset applies to the reason you have experienced academic difficulty.

Most Recently Completed Semester:

Reason for Appeal: (Please select the one(s) that apply to your situation)

- Medical (Self)
- Death of an immediate family member
- Illness of an immediate family member
- Change of major/degree program
- Other: _____

Semester Before Most Recently Completed Semester:

Reason for Appeal: (Please select the one(s) that apply to your situation)

- Medical (Self)
- Death of an immediate family member
- Illness of an immediate family member
- Change of major/degree program
- Other: _____

EXPLANATION: You must provide an explanation regarding the reason(s) that you are not meeting the minimum requirements for SAP.

RESOLUTION OF SITUATION: You must provide an explanation regarding how you have resolved the issue(s) mentioned in the Explanation section.

CORRECTIVE MEASURES: Please describe the steps that you will take to ensure your SAP success in future semesters.

I understand, acknowledge, and agree to the following: (Please initial the following statements)

_____ My academic progress will be monitored at the end of each semester.

_____ My federal and state financial aid from WSCC can only pay for those credits needed to complete my WSCC program of study, not those classes taken only for transfer to another institution or credits not required to complete my WSCC degree.

If my appeal is approved:

_____ I will be placed on Financial Aid SAP Probation.

_____ I must follow an SAP Academic Progress Plan that is prepared with an academic advisor each semester.

_____ If my situation requires 100% completion for each semester until my SAP academic progress is back to Good Standing, this means that I cannot fail, withdraw, audit, stop attending, or receive an Incomplete grade for any of my classes after the 100% refund date.

_____ If I do not meet these requirements, then my federal financial aid including student loans and work-study, VA education benefits, and state financial aid will be cancelled again and I will revert back to my original canceled status.

_____ If I do not meet these requirements, I will remain ineligible for financial aid until I am meeting the minimum conditions of the SAP policy.

If my appeal is denied:

_____ If this appeal is denied, I will be responsible for paying tuition and/or fees with non-financial aid resources or officially dropping from my classes before the 100% refund deadline.

I hereby certify that all of the information provided is complete and correct. If I purposely give false or misleading information, I may be fined, be sentenced to jail, or both.

Student Signature _____ Date _____