



Financial Aid Satisfactory Academic Progress

2016-2017 Suspension Appeal Form: Due 6/5/17 to be reviewed on 6/6/17.

Name: _____ SSN: _____ - _____ - _____ Student ID: W000 _____

Address: _____ City/Zip: _____

Program/Major: _____ Phone Number: _____

Please provide a typed statement with the reason for appealing your suspension. Conditions for appeal include health/medical reasons, academic issues/difficulties, personal/family issues, or other unusual circumstances. **Your appeal must include: 1) Your name and student ID; 2) Why you failed to make satisfactory academic progress; and 3) What has changed that will allow you to make satisfactory academic progress for the next semester of enrollment.**

To better assist you write a successful appeal, please refer to the WATC website. For your convenience, you may utilize the following link: <http://watc.edu/writing-a-successful-sap-appeal/>

Please check the following:

- I have included my typed statement detailing the above requirements
- I have provided all necessary supporting documentation to demonstrate my reasons for appealing my suspension

This form, typed statement and supporting documentation must be submitted, it is REQUIRED. Without these items, your appeal will automatically be denied.

Student's Signature: _____ **Date:** _____

Wichita Area Technical College
Financial Aid
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