

Student Signature:\_

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## SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FOR FINANCIAL AID

If you failed to achieve SAP because of an status, you may complete this form. SAP from submission of completed appeal. N guarantee reinstatement of financial aid	appeal decisions will be sent t ote that all SAP appeal deci	o your Wilmington College email a	ddress within 14 business days	
Student Name:		WC ID#		
Indicate the semester you are appealing:	Fall 2026-2027	Spring 2026-2027	Summer 2026-2027	
Indicate the reason for your appeal:	Cumulative GPA _	Completion Rate	Maximum Timeframe	
Submit Each of the Following I Appeals will not be reviewed until all fou		o your Financial Aid Self-Service I	Portal.	
1: Provide a typed statement explaining the term in which SAP was not met. F circumstances beyond your control o	lease be specific when explain r why you have exceeded the M	ing the reason(s) you are appealing aximum Timeframe for your goal?	. For example, how were the	
<b>2:</b> Attach supporting documentation to slimited to, the following:	substantiate your extenuating c	ercumstance. Supporting documer	ntation includes, but is not	
Medical Condition  Family Member Death Accident Military Service Semester Elsewhere Natural Disaster	he/she medically supports Copy of death certificate or Copy of police report. Copy of official military ord Copy of official academic t	lers. ranscript from school attended.	ollment.	
3: Describe how your circumstances ha have taken to improve your circumsta If you are appealing because of Maxin	ve changed and/or what steps y nces (i.e. meetings with your A	cademic Advisor, tutoring, testing,	tacles. Indicate methods you reducing course load, etc.).	
4: Contact by phone the Associate Vice complete an Academic Plan. If appro				
<b>Certification:</b> By submitting this app College Financial Aid SAP Policy. My signa regulations. I understand that I am respon	ture certifies that I understand	d that if offered financial aid, I mus	st comply with all requests and	

Date: \_