



### Appeal for Extension of Financial Aid

**Complete this form if you received notice that your total attempted credits exceed 150% of your current program's length. If you need to appeal for any other reason, you must complete the Appeal for Reinstatement of Financial Aid form.**

If you wish to appeal the loss of your eligibility for financial aid, please complete all four pages of this form. **Incomplete forms will be rejected.** Once this appeal form has been completed, please deliver it to the Financial Aid Office. You may also submit this form via e-mail as an attachment to [askfinaid@wcc.vccs.edu](mailto:askfinaid@wcc.vccs.edu).

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_ ID # \_\_\_\_\_

Program of Study \_\_\_\_\_ I have completed a FAFSA for this year **Yes**  **No**

This is my first appeal to have my financial aid eligibility extended. **Yes**  **No**

I would like my financial aid eligibility re-evaluated for the semester checked below:

**Fall 2025**       **Spring 2026**       **Summer 2026**

	Priority Deadline	Final Deadline for term
<b>Fall 2025</b>	July 1, 2025	August 30, 2025
<b>Spring 2026</b>	November 1, 2025	January 23, 2026
<b>Summer 2026</b>	April 1, 2026	June 2, 2026

*If you submit an appeal after the deadline, it will automatically apply to the next semester.*

#### **Reason for Appeal:**

Students may appeal the loss of their financial aid eligibility for one of the following reasons:

I have exceeded the maximum number of credits allowed (including transfer credits), but have not completed my program of study at WCC.

I have exceeded the maximum number of credits allowed (including transfer credits), but I have previously completed a program at WCC and am pursuing another.

I have exceeded the maximum number of credits allowed (including transfer credits), but I have previously completed a program at another school and am pursuing another at WCC.

Name \_\_\_\_\_ SS# \_\_\_\_\_ EMPLID # \_\_\_\_\_

**Your appeal will not be considered without your initials to show you have read and understand the following conditions.**

By submitting this appeal, I certify that I have read and agree to the following. Initial on the line following each statement:

- I understand that appeals turned in without supporting documents will be denied. \_\_\_\_\_
- **I understand that I must attach a typed statement, explaining in detail the reason why I failed to make Satisfactory Academic Progress and what circumstances have changed so that I will be successful.** \_\_\_\_\_
- I understand that handwritten appeals will be denied. \_\_\_\_\_
- Decisions on appeals are processed on a case-by-case basis. \_\_\_\_\_
- I have read the WCC SAP policy and understand why I am not making satisfactory academic progress. \_\_\_\_\_
- I understand that my WCC transcript cannot serve as my supporting documentation. \_\_\_\_\_
- If approved, I will be expected to read the messages regarding the terms of the appeal in the Message Center which is found in the Student Center in SIS \_\_\_\_\_
- I understand that the decision is final and not subject to reconsideration by any party. \_\_\_\_\_
- I understand that I may have to provide more information to the financial aid office to complete the processing of my aid application, even if this appeal is granted. \_\_\_\_\_
- I understand if I owe money to WCC as a result of Return of Funds, my appeal will not be considered by the committee until the amount has been paid in full. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ EMPLID # \_\_\_\_\_

## ACADEMIC PROGRESS PLAN

List the classes you need to complete within the semester you plan to enroll. Present this completed form to your advisor for review and signature. This page may be hand-written.

FALL 2025	SPRING 2026	SUMMER 2026
FALL 2026	SPRING 2027	SUMMER 2027
FALL 2027	SPRING 2028	SUMMER 2028

Advisor Printed Name:

ADDITIONAL COMMENTS:

Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_