25-26

## Satisfactory Academic Progress Appeal Information

West Texas A&M University and Student Financial Services are committed to assist you in completing your degree requirements. However, based on the current Satisfactory Academic Progress Guidelines (<a href="http://www.wtamu.edu/student-support/more-support/financial-satisfactory-academic-progress.html">http://www.wtamu.edu/student-support/more-support/financial-satisfactory-academic-progress.html</a>) you will not be eligible for further financial aid until you meet the university requirements.

## **Appeal Requirements:**

## Please note the following about an appeal:

- Financial aid CANNOT be awarded retroactively for a late appeal. Be sure to submit an appeal in time for a committee decision to be made prior to the last class date of the semester you want to be considered for financial aid.
- o Incomplete appeal forms will NOT be reviewed.
- o **Do not** retake an "F" at another university; it must be repeated at WTAMU.
- o Regardless of your financial aid status, payment with the Business Office must be met by the published deadline for the appropriate term.

#### On Campus Resource Referral Guide

| Career & Professional Development                          | (806) 651-2345                             | CC113    |
|--|--|----------|
| o Career Counseling  | <ul> <li>Job Search Assistance</li> </ul>  |          |
| Counseling Services  | (806) 651-2340                             | CC116    |
| <ul><li>Personal Counseling</li><li>Test Anxiety</li></ul> | <ul> <li>Stress Management</li> </ul>      |          |
| Testing and Tutoring Services                              | (806) 651-2341                             | CC106    |
| o Supplemental Instruction (SI)                            | <ul><li>Testing/ Tutoring</li></ul>        |          |
| Advising Services  | (806) 651-5300                             | CC110    |
| o Academic Fitness-Probation Adv                           | vising o Early Alert-Intervention          | Progress |
| Student Accessibility Services                             | (806) 651-2335                             | CC106    |
| Disability Services  | <ul> <li>Testing Accommodations</li> </ul> |          |

#### Repeating Course Work/Replacing Grades

If a student repeats a course at WTAMU, it is with the understanding that the last grade earned is the one to be counted toward fulfillment of requirements. Students may not repeat a course at another college or university to raise a grade, including a grade of "F," received at WTAMU. If a student repeats at another accredited institution a course previously attempted at WTAMU and transfers the credit to WTAMU, the transferred work will not affect the grade point average (GPA) on the WTAMU transcript. For this reason, the appeal committee requires that "F's" received at WTAMU be repeated only at WTAMU.

Cont. to Appeal Form



25-26

# Satisfactory Academic Progress Appeal Form

\*\*\*ALL REQUIRED SECTIONS MUST BE COMPLETED FOR THE APPEAL TO BE CONSIDERED

| Stude    | ent Name  | Buff ID Number                  |
|----------|---|---------------------------------|
| Α.       | (REQUIRED) Degree Information                                       |                                 |
| 0        | Current degree/certification program (degree/major)                 |                                 |
| 0        | Expected date of graduation/completion (mo/yr)                      |                                 |
| 0        | Degree Plan Filed (check one): Yes No                               |                                 |
| В.       | (REQUIRED) Reviewable Semesters                                     |                                 |
| I am re  | equesting financial aid consideration for the following checked     | terms:                          |
|          | Fall 2025            Spring 2026       Summer I 20                  | 026 Summer II 2026              |
| *** Fina | ancial aid cannot be awarded for a semester already completed.      |                                 |
|          |   |                                 |
|          |   |                                 |
|          |   |                                 |
|          |   |                                 |
|          |   |                                 |
|          |   |                                 |
|          |   |                                 |
|          | *** <u><b>REQUIRED</b></u> Submit any supporting documentation rega | arding your above circumstance. |
|          | (i.e. Medical Documentation, Copy o                                 | f Obituary)                     |

Cont. to Section D

| Student's Nam             |             |             | fication / Refl                                      | ection         |             | Buff ID#                | 25           | j-26   |
|---------------------------|-------------|-------------|--|----------------|-------------|-------------------------|--------------|--------|
| What has ch               | anged that  | will allow  | v you to meet s                                      | satisfactory p | rogress a   | t the next eva          | luation?     |        |
| -                         |             | c goals a   | and what are yo                                      | our plans to a | achieve th  | ese results? (          | Include spe  | ecific |
| actions, time             |             |             |  |                |             |                         |              |        |
| How will you goals, etc.) | measure if  | you hav     | e made progre  | ess on implen  | nenting y   | our action pla          | n? (Short te | ∍rm    |
| List key WT               | AMU individ | uals and    | l/or organizatio                                     | ns that might  | t assist yo | ou to achieve           | your action  | plan.  |
| ***You must co            |             | ection with | I <b>dy</b><br>your semester-by<br>eb check sheet ca |                |             |                         | completion.  | (The   |
| Semester<br>Description   |             | Hours       | Semester<br>Description                              |                | Hours       | Semester<br>Description |              | Hours  |
| Semester                  | Course #    | Hours       | Semester   | Course #       | Hours       | Semester Description    | Course #     | Hours  |

Cont. to Student Certification

| Student's Name:   | Buff ID # <b>25-26</b>   |                                   |  |  |
|---|--|-----------------------------------|--|--|
| F. (REQUIRED) Student Certification (Initial by each statement.)              |  |                                   |  |  |
| I have read the standards of Sa financial aid because (check all              | tisfactory Academic Progress and I under<br>that apply):   | rstand that I am not eligible for |  |  |
| I did not complete 67 I did not meet my pro I have attempted mo               | ive grade point average is less than 2.0 (<br>% of my hours attempted annually.<br>evious appeal requirements.<br>re than 60 hours toward a 2 <sup>nd</sup> degree/cer<br>ill attempt more than 150% of hours requ | tification                        |  |  |
|   | e information provided above is true and riding false information can result in the d  |                                   |  |  |
| <u>ACTUAL SIGNAT</u>  | URES ARE REQUIRED. (Typed names wil  | I not be accepted.)               |  |  |
| Student's Signature:  |  | Date:                             |  |  |
|   |  |                                   |  |  |
| This section is for SFS Director  | use only   |                                   |  |  |
| WT Annual Hours Attempted:<br>WT Annual Hours Completed:<br>Previous Appeals: | Total Hours Attempted: Current Enrollment:   | 150% : Yes/No<br>Classification:  |  |  |
| Approved Denied Date:   | Committee Member Signature:  |                                   |  |  |
| Approved Denied   | Committee Member Signature:  |                                   |  |  |
| Date: Denied Date:  | Committee Member Signature:  |                                   |  |  |
| Special Instructions:   |  |                                   |  |  |
|   |  |                                   |  |  |
| ***Next semester schedule must h  | e approved by appeal committee:  |                                   |  |  |
| s, t comodulo muot k  |  |                                   |  |  |

