## **Satisfactory Academic Progress**

2025-2026



FINANCIAL AID AND SCHOLARSHIPS

Satisfactory Academic Progress Appeal & Academic Plan				
Student's Name (Last, First, MI)		myWSU ID		
Address	City, State, Zip WS	SU Email Address		
Term	Priority Date	Final Deadline		
Summer 2025	May 30, 2025	June 13, 2025		
Fall 2025	June 27, 2025	August 29, 2025		
Spring 2026	November 28, 2025	February 2, 2026		
<b>INSTRUCTIONS</b> >>> Complete each	section below:			
Check the term for which you				
☐ Summer 2025	☐ Fall 2025	☐ Spring 2026		
→ Check your admission level:  ☐ Undergraduate/1st Bachelor's	☐ Undergraduate/2 <sup>nd</sup> Bachelo	r's Graduate/PhD/Master's		
The following documents are requi	•	ordudate/11/10/Wasters		
<ul> <li>→ What steps have you or will similar circumstances in the Provide Proof of Circumstances</li> <li>→ Submit documentation or suphysician or counselor, median Meet with your College Academ</li> <li>→ Your academic advisor musprovide signatures.</li> <li>→ An academic plan show whand/or correct your SAP described Submit this appeal form, your letter to the Office of Financial Aid &amp; School</li> </ul>	you take to address these circure future?  supporting letters to confirm your lical bills, death certificate, militatic Advisor to complete your acade complete page 2 of this form. Yeat additional courses and/or crediciency.  To of explanation and documentation of processing, or up to 4 weeks	ry orders, court documents)		
By submitting this appeal, I continued the knowledge.  I understand that I am respondecision.  I acknowledge that decisions Satisfactory Academic Progremulation of the Satisfactory Ac	ertify that the information containsible for meeting payment dead on appeals are made on a cases committee is final. In academic Progress Policy, which will be approved, my academic progress to meet the conditions of my appeals deligibility.	lines while waiting on an appeal by-case basis and the decision of the is available online at press will be reviewed at the end of proved appeal will result in the		

1845 Fairmount Street | Wichita, KS 67260-0024 (316) 978-3430 | (855) 978-1787

Revision Date: 10/28/2024

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**INCOMPLETE APPEALS WILL BE DENIED** 

Student's Name (Last, First, MI)  Major		my\	WSU ID Number A	Academic College  Graduation Date (MM/YYYY)	
		 Deg	ree G		
INSTRUCTIONS >>> Meet with your College advisor must provide s		or to comple	te your academic plan. You an	d your academic	
emester/Year:	/20		Semester/Year:	/20	
ourse Name		Cr. Hrs.	Course Name	Cr.	Hrs
	Total			Total	
emester/Year:	/20		Semester/Year:	/20	
ourse Name		Cr. Hrs.	Course Name	Cr.	Hrs
	Total			Total	
*Additional pages may b		ded.			
you purposely give false of	or misleading inform	nation on this	ormation, you may have to return it form, you may be fined \$20,000, re I have submitted is accurate and v	eceive a prison sentence, o	
→ Please allow 2-3 received.	weeks for process	ing. Processir	ng cannot begin until all requested	documentation has been	
	<del></del>	 Date	 Student's Printed N	Name	
Student's Signature  Typed Signature cannot	be accepted				

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2425 = Summer 2025 2526 = Fall 2025/Spring 2026 APPEAL (1st) APPL2 (2nd) APPL3 (3rd)

APPEAL (1st) APPL2 (2nd) APPL3 (3rd)