Satisfactory Academic Progress
2026-2027

WICHITA STATE UNIVERSITY
FINANCIAL AID AND SCHOLARSHIPS

Satisfactory Academic Progress Appeal & Academic Plan

Student's Name (Last, First, MI) _____ myWSU ID _____

_____ _____ _____
Address City, State, Zip WSU Email Address

Term	Priority Date	Final Deadline
Fall 2026	July 24, 2026	August 28, 2026
Spring 2027	November 27, 2026	February 1, 2027
Summer 2027	May 28, 2027	June 11, 2027

INSTRUCTIONS >>> Complete each section below:

➔ **Check the term for which you are submitting your appeal:**

☐ Fall 2026 ☐ Spring 2027 ☐ Summer 2027

➔ **Check your admission level:**

☐ Undergraduate/1st Bachelor's ☐ Undergraduate/2nd Bachelor's ☐ Graduate/PhD/Master's

The following documents are required for your appeal:

☐ Tell us why you did not meet SAP standards
- ➔ Write a detailed explanation of the circumstances that prohibited you from meeting SAP. If this is your 2nd or subsequent appeal, your circumstances must be different from your previous appeal.
- ➔ What steps have you or will you take to address these circumstances, and how will you manage similar circumstances in the future?

☐ Provide Proof of Circumstances
- ➔ Submit documentation or supporting letters to confirm your circumstances (e.g. letter from physician or counselor, medical bills, death certificate, military orders, court documents)

☐ Meet with your College Academic Advisor to complete your academic plan on page 2.
- ➔ Your academic advisor must complete page 2 of this form. You and your academic advisor must provide signatures.
- ➔ An academic plan showing what additional courses and/or credit hours you must take to graduate and/or correct your SAP deficiency.

Submit this appeal form, your letter of explanation and documentation, and your signed academic plan to the Office of Financial Aid & Scholarships by the deadline.

➔ Please allow up to 2 weeks for processing, or up to 4 weeks during the months of January, July, and August.

Read and Initial each statement below.

_____ By submitting this appeal, I certify that the information contained is correct to the nest of my knowledge.

_____ I understand that I am responsible for meeting payment deadlines while waiting on an appeal decision.

_____ I acknowledge that decisions on appeals are made on a case-by-case basis and the decision of the Satisfactory Academic Progress Committee is final.

_____ I have read the Satisfactory Academic Progress Policy, which is available online at www.wichita.edu/sappolicy.

_____ I understand that if my appeal is approved, my academic progress will be reviewed at the end of each term and that any failure to meet the conditions of my approved appeal will result in the suspension of my financial aid eligibility.

_____ I understand that I must also meet all other federal aid requirements.

INCOMPLETE APPEALS WILL BE DENIED

myWSU ID ______________________

Satisfactory Academic Progress – Academic Plan

____	_______________________	______________________
Student's Name (Last, First, MI)	myWSU ID Number	Academic College
____	_______________________	______________________
Major	Degree	Graduation Date (MM/YYYY)

INSTRUCTIONS >>>

Meet with your College Academic Advisor to complete your academic plan. You and your academic advisor must provide signatures.

Semester/Year:
____________________/20___________

Course Name		Cr. Hrs.
	Total	0

Semester/Year:
____________________/20___________

Course Name		Cr. Hrs.
	Total	0

Semester/Year:
____________________/20___________

Course Name		Cr. Hrs.
	Total	0

Semester/Year:
____________________/20___________

Course Name		Cr. Hrs.
	Total	0

***Additional pages may be submitted as needed.**

CERTIFICATIONS AND SIGNATURES

Warning: If you receive student aid based on incorrect information, you may have to return it and/or pay fines and fees. If you purposely give false or misleading information on this form, you may be fined $20,000, receive a prison sentence, or both.
Affirmation: By signing below, I certify that all information I have submitted is accurate and verified with supporting documentation

➔ Please allow 2-3 weeks for processing. Processing cannot begin until all requested documentation has been received.

________________________________	____________________	________________________________
Student's Signature **Typed Signature cannot be accepted**	Date	Student's Printed Name
________________________________	____________________	________________________________
Advisor's Signature **Typed Signature cannot be accepted**	Date	Advisor's Printed Name