Satisfactory Academic Progress Appeal and Personal Statement

Medical students who do not fulfill Satisfactory Academic Progress standards as outlined by the WSU School of Medicine Promotions Committee are placed on Financial Aid Probation and are INELIGIBLE for financial aid for the next academic year unless this appeal is submitted to, and approved by, the Office of Student Financial Aid.

Name: ____________________________________________________________ WSU ONE CARD ID#: ____________________________

Acad Yr. of Appeal: ________ Phone: (______)________________________ Email: ________________________________

Submit this Appeal Form if you HAVE NOT met Satisfactory Academic Progress Standards but have been reviewed and approved by the Promotions Committee to continue in the MD program. Submission of this Appeal Form does not guarantee approval. If approved, you will receive financial aid on a Probationary Status and your academic progress will be reviewed at the end of the academic year to determine if eligibility can continue. If your appeal is denied, you will need to secure alternative financial aid resources to attend the WSU School of Medicine.

Please: 1) Indicate the reason for the Appeal; 2) Meet with your Student Affairs and Academic counselors to confirm that your Academic Plan will meet SAP Standards, and have those officials sign this form; 3) Provide a Personal Statement of explanation (page 2).

1. REASONS FOR APPEAL: CHECK ALL THAT APPLY, AND EXPLAIN IN YOUR PERSONAL STATEMENT:

☐ Personal Illness, Medical Condition, or Injury
☐ Personal crisis
☐ Death in the Family
☐ Other

☐ Family Member Illness, Medical Condition, or Injury
☐ Family crisis

2. CONFIRMATION OF ACADEMIC PLAN AND SATISFACTORY ACADEMIC PROGRESS STANDARDS

This is to certify that:
The above name student has been approved by the Promotions Committee to continue in the MD Program;
The student’s Academic Plan, if followed during the appeal period, will meet all Satisfactory Academic Progress Standards at the end of the appeal period;
Any supporting third-party documents such as a doctor’s statement, copy of hospital/urgent care or physician’s invoice, obituary, funeral notice, or death certificate have been secured in the WSU SoM Office of Student Affairs.

SIGNATURES OF ACADEMIC OFFICIALS:

STUDENT AFFAIRS COUNSELOR __________________________________ DATE________________

ACADEMIC COUNSELOR __________________________________________ DATE________________
Satisfactory Academic Progress Appeal and Personal Statement

Name: ___________________________________________ WSU ONE CARD ID#: ____________________________

3. PERSONAL STATEMENT (attached additional pages, if needed): This Personal Statement must include 1) An explanation of what happened; 2) An explanation of what has changed; 3) Corrective measures being taken to ensure that all Satisfactory Academic Progress standards will be achieved by the end of the appeal period.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

I certify that the information provided is true and correct to the best of my knowledge. I understand that Satisfactory Academic Progress Standards must be met during the appeal period to retain my financial aid eligibility.

Student Signature: ___________________________________________ Date: ______________________

OFFICE USE ONLY: THIS APPEAL HAS BEEN REVIEWED AND IS ☐ APPROVED ☐ DENIED

FINANCIAL AID OFFICIAL: ______________________________________ DATE: ______________________