WAYCROSS COLLEGE

FINANCIAL AID APPEAL FORM
SATISFACTORY ACADEMIC PROGRESS (SAP) POLICY

Student Name:_____ I.D. #:_____

Last term attended:_____ Have you appealed before? _____

Request waiver for_____ Semester 20_____

Reason for unsatisfactory progress:_____

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How will circumstances be different in the future? _____

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(Attach Additional Pages if Needed)

Signature_____ Date_____