



**All sections of this appeal must be completed and signed by the student and his/her academic advisor. Please note that an appeal does not guarantee the reinstatement of your financial aid. You are responsible for paying your tuition and fees by the payment deadlines. Incomplete appeals will not be reviewed. Your Merit Scholarships may also be reviewed in this process.**

You are appealing because you are a sophomore, junior or senior who failed to maintain a semester and Cumulative GPA of 2.00; a freshman student who failed to maintain a 1.75 semester Cumulative GPA or a graduate student who failed to maintain a 3.0 Cumulative GPA. Or for any degree program, you failed to complete at least 66.67% of all courses attempted cumulative and per semester.

Dear Academic Advisor or Department Administrator, this student is currently not eligible for financial aid for one or more of the reasons listed below. We are requesting your assistance in assessing the student's academic record. In consultation with the student, please complete the sections in grey. Please develop an Academic Plan for the next two semesters. Be as specific as possible and include any required or restricted courses and any restrictions on full-time enrollment.

**ACADEMIC PLAN For year \_\_\_\_\_**

(1) If the student was admitted to WIT as a transfer, how many of the transfer hours were applied to the degree that the student is working towards? \_\_\_\_\_

(2) Remaining credit hours needed to complete degree program requirements (including current term): \_\_\_\_\_

(3) Timeframe for degree completion (expected graduation): \_\_\_\_\_

Comments/Recommendations (attach additional sheets if necessary):

Please list the recommended courses that would allow the student to successfully get back on track to graduate from the current program and the student should enroll in and successfully complete for the next two semesters.

Semester 1 Courses	Semester 2 Courses

By signing below, I agree that my advisor (or authorized departmental person) and I have met and agree on the above academic plan.

**Signature of Student:** \_\_\_\_\_

**Date Signed by Student:** \_\_\_\_\_