





Financial Aid Appeal

Satisfactory Academic Progress – Maximum Hours

Phone: (402) 375-7229  Email: sfs@wsc.edu  Fax: (402) 375-7067

Name: _____ Student ID: _____

Current Program: _____

Current Program Length (in credit hours): _____

Number of Remaining Credits Needed to Graduate: _____

Estimated Graduation Date: _____

Are you completing a second masters program or working on an endorsement? Yes No

If no, please provide a written statement explaining why you were unable to complete your academic program within the required timeframe.

Methods for submitting documents:

- [Doc Mgt](#) (preferred method)
- **Fax:** (402)375-7067
- **Mail:** Student Financial Services
Wayne State College
1111 Main Street
Wayne, NE 68787

Certification and Signature:

No Typed Signatures

I certify the information provided on this form, in my written statement, and other attached documents, are true and accurate. If this appeal is approved, I understand I must take only the courses necessary to complete my program and complete them successfully.

Student Signature: _____ Date: _____