Satisfactory Academic Progress
Suspension Appeal Form

Daytime Phone #: _____________________
Major: ________________________________
WU Email: ____________________________
Expected Graduation Date: _______________

Appeal Reason (circle): Medical Personal Emergency Other ____________________________

Request for review for re-instatement of federal financial aid (Only applicable for those who have attained the cumulative GPA and/or cumulative credit completion required).

By signing this form, if my appeal is granted, I acknowledge that I am requesting my aid be reinstated for my next term of enrollment.

Directions:
In addition to this appeal form, you must submit all documentation that you wish the committee to review and use in their determination (such as your physician, counselor, lawyer, social worker, teacher, religious leader, death certificate, divorce decree, etc.) to confirm your extenuating circumstance(s). Family members of the student, friends, and Wilmington University employees are not considered an acceptable source.

Describe the extenuating circumstances that impacted your academic performance. Also explain your plan of action to ensure your future academic success:
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Student Signature: ____________________________ Date: ____________________________