



**WORCESTER**  
S T A T E  
**UNIVERSITY**

Financial Aid  
Phone: 508-929-8056  
Fax: 508-929-8194

NAME: \_\_\_\_\_  
\_\_\_\_\_  
ID#: \_\_\_\_\_

FAC23SAP

**WORCESTER STATE UNIVERSITY FINANCIAL AID OFFICE  
APPLICATION FOR WAIVER OF UNSATISFACTORY PROGRESS**

If extenuating circumstances contributed to unsatisfactory progress, a student may apply for a waiver of his/her unsatisfactory progress.

If a waiver is approved, the student must earn a minimum GPA of 2.0 and complete a minimum of 67 % of credits attempted in all subsequent semesters.

If you have been impacted by sexual misconduct that has resulted in this appeal please contact The Office of Title IX to discuss with the Title IX Coordinator prior to completing this form. Please note any disclosure of sexual misconduct will generate a referral to The Office of Title IX.

If you have any incompletes, this appeal will be reviewed only after you have completed all “incomplete” grades. Submission of your application **will not defer any semester payments due**. If your application is approved you will be advised by email of the approval and your financial aid file will be reopened.

Name: \_\_\_\_\_ WSU ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

1. What extenuating circumstances prevented you from making Satisfactory Academic Progress? Please explain thoroughly and attach any supporting documentation that may support your appeal.

2. What changes have or will occur that will enable you to make Satisfactory Academic Progress? Please explain thoroughly and attach any supporting documentation that may support your appeal.

3. Are you aware of the following resources on campus? For more information, please visit:  
<https://www.worcester.edu/academics/academic-resources/academic-support-services/>

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|----------------------------------|-----|----|
| • Academic/Personal Counseling?  | Yes | No |
| • Academic Success?              | Yes | No |
| • Academic Tutoring?             | Yes | No |
| • Career Services?               | Yes | No |
| • Faculty Advising?              | Yes | No |
| • Student Accessibility Services | Yes | No |

**I certify that the above information is complete and correct, I did not leave any blanks, and I am attaching documentation of the extenuating circumstances if needed.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_