

Name:

Financial Aid

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

NAME:		
ID #:		
	FAC25SAP	

WSU ID#:

## APPLICATION FOR WAIVER OF UNSATISFACTORY PROGRESS

	xtenuating circumstances contributed to unsatisfactory progress, a student may apply for a waiver of his/her unsatisfactory gress. Submission of your application will not defer any semester payments due.		
wit	ou have been impacted by sexual misconduct that has resulted in this appeal, please contact The Office of Title IX to discuss the Title IX Coordinator prior to completing this form. Please note any disclosure of sexual misconduct will generate a erral to The Office of Title IX.		
	our application is approved you will be advised by email of the approval and your financial aid file will be reopened. You st earn a minimum GPA of 2.0 and completes at least 66.67% of credits attempted in all subsequent semesters.		
1.	. <u>Explain in detail</u> what extenuating circumstances prevented you from making Satisfactory Academic Progress? Attach any documentation that may support your appeal. <u>Circumstances should be different than previously submitted appeals.</u>		
2.	Explain in detail what changes have or will occur that will enable you to make Satisfactory Academic Progress? Attach		
٤.	any supporting documentation that may support your appeal.		
3.	Are you aware of the following resources on campus? For more information, please visit: <a href="https://www.worcester.edu/academics/academic-resources/academic-support-services/">https://www.worcester.edu/academics/academic-resources/academic-support-services/</a>		
	Academic/Personal Counseling Yes No Academic Success Yes No Academic Tutoring Yes No Career Services Yes No Student Accessibility Services Yes No Faculty Advising Yes No		
	ertify that the above information is complete and correct. I understand I may be asked for additional documentation.		
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