APPEAL REQUEST FORM

Award Year 2026-2027

Student's Name _____ **Email Address** _____

Address _____ **City** _____ **State** ___ **Zip**_____

Phone_____ **Cell Phone**_____

Semester for which you will be appealing: 20____ (Check one semester only) Fall ___ Spring ___ SSI ___ SSII ___

Applications will not be reviewed until all the necessary documents are provided and the appeal form is complete.

A student who is not making Satisfactory Academic Progress can appeal to the Financial Aid office if, PER FEDERAL REGULATIONS, the student falls under one or more of the following hardships. If you do not meet one of the hardships below, you are not eligible for an appeal. Please check condition(s) under which you are applying for an appeal:

□ Death of an immediate family member of the student.
□ An injury or illness of the student or an immediate family member.
□ Other special circumstances that prevented the student from making satisfactory academic progress.

****Work is not considered a hardship since financial aid is viewed as a supplement to student income to help reduce the number of hours the average student would have to work in any given week. ****

Explain any hardship, providing as much information as possible. Verification of any hardship(s), such as medical documents, death certificates/obituary, etc. must be attached. If you have not received a degree within 150% of the required hours for your program of study, please provide a letter from your department stating your graduation date and a copy of your degree plan. Please type or print clearly. Use dark blue or black ink only.

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All of the information on this form is true and complete to the best of my knowledge. I understand that incomplete or inaccurate information could cause a delay in processing my application. I also understand that I will be notified by mail within 14 working days by the Financial Aid Director.

Signature_____ **Date**_____

Notice Concerning Your Information: The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that Western Texas College collects about you. It also gives you the right to request a copy of that information and to have the college revise any information that is incorrect. You may request to receive this information by contacting the office possessing such information.

Western Texas College | Office of Financial Aid | 6200 College Avenue, Snyder, Texas 79549
325-574-7640| wtc.edu/financialaid

Western Texas College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities or employment policies.

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