WHEELING UNIVERSITY

2026-2027 Wheeling University Additional Semester(s) Appeal Form

This form is to appeal the use of financial aid for additional semester(s) at Wheeling University. Please complete all sections thoroughly and return this form to the Financial Aid Office.

Section I:

Student Name: _____ Student ID#_____

Mailing Address: _____

E-Mail Address: _____ On Campus ____ Off Campus ___ With Parents _____

Section II:

Fall 2026 Semester: _____ Spring 2027 Semester: _____

Current Major: _____ Expected Graduation Date: _____

Has your major changed: ____ Yes ____ No If yes, when: _____

Please provide the reason you changed your major and why you need to attend additional semester(s) to complete your bachelor's degree: _____

_____

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Section III:

You must provide a copy of your Degree Audit/Program Evaluation with this appeal form. If you are unable to provide this document, then you will need to take this form to your Academic Advisor for your major to verify your remaining Major courses below

Verification of Remaining Major Courses (to be completed by Academic Advisor)

1.) Total credit hours remaining to complete the declared above in Section II (including prerequisites) _____.

2.) Please provide course name and credit hours:

_____ Course/Credit hours	_____ Course/Credit hours	_____ Course/Credit hours	_____ Course/Credit hours
_____ Course/Credit hours	_____ Course/Credit hours	_____ Course/Credit hours	_____ Course/Credit hours
_____ Course/Credit hours	_____ Course/Credit hours	_____ Course/Credit hours	_____ Course/Credit hours

_____ _____

Academic Advisor's Signature **Date**

_____ _____

Student's Signature **Date**