

2024 – 2025 Satisfactory Academic Progress (SAP) Appeal Form

Notre Dame De Namur University (NDNU) is required by federal regulations to verify that you are maintaining Satisfactory Academic Progress (SAP) in your course of study at NDNU for you to qualify for federal financial aid. If you had an extenuating circumstance that led to unsatisfactory academic progress, you can submit an appeal to be considered for reinstatement of SAP eligibility.

Satisfactory Academic Progress (SAP) Requirements

| Undergraduate and Credential | Graduate |
|---|---|
| <input checked="" type="checkbox"/> Cumulative Grade Point Average of 2.0 or higher | <input checked="" type="checkbox"/> Cumulative Grade Point Average of 3.0 or higher |
| <input checked="" type="checkbox"/> Cumulative Completion Rate of 67% or higher | <input checked="" type="checkbox"/> Cumulative Completion Rate of 75% or higher |
| <input checked="" type="checkbox"/> Complete educational goal within 150% maximum timeframe | <input checked="" type="checkbox"/> Complete educational goal within 150% maximum timeframe |

Is your application complete?

- Appeal Form
- Personal Statement
- Supporting Documentation
- Program Plan (Recently updated by Advisor)
- NDNU Unofficial Transcript *Optional

Deadlines to submit appeal:

- Summer 2024 Semester – July 26, 2024
- Fall 2024 Semester – November 15, 2024
- Spring 2025 Semester – April 4, 2025

Attention: Submitting an appeal does not guarantee approval. The Financial Aid Office will notify you the appeal decision via e-mail. If your appeal is denied, you will be responsible for all fees associated with your enrollment during the semester.

To be completed by Financial Aid Staff

Disqualified because:

- Cumulative Grade Point Average
- Cumulative Completion Rate
- Above maximum time frame of declared major

Number of prior appeals: _____

Student's Information

| | | | | |
|-------------------------|---------------------|-------------------------|---------------------|---------------------------------|
| _____ Last Name | _____ First Name | _____ Middle Initial | _____ Student ID | |
| _____ Street Address | _____ City | _____ State | _____ Zip | _____ Home/Cell Phone Number |

Instructions

Please provide the documents below. The information provided with this appeal form will ultimately determine your reinstatement of SAP eligibility.

- Completion of this form.
- Updated Program Plan completed by an NDNU Advisor.
- NDNU Unofficial Transcript (including current courses) *Optional
- Documentation that can support your personal statement. Providing sufficient documentation may be the difference between the approval or denial of your appeal. For example:
 - Medical Documents: Doctor's Notes, Medical Bills, etc.
 - Death Certificate
 - Police Reports or Legal Documentation
 - Letters from a professional on a letterhead who can support your circumstances
- Signed statement explaining the circumstances that prevented you from maintaining Satisfactory Academic Progress (SAP) and the reason for the basis of the appeal. The following questions should be addressed in your statement:
 1. Describe in detail the extenuating circumstances on why you were unable to maintain your cumulative grade point average and/or complete the minimum required units. (Examples: Illness/Injury of the student, Death of an immediate family member, Medical and/or family emergencies)
 2. Explain in specific steps how you propose to improve your grade point average and/or the completion of your course.
 3. Explain in detail why you have not completed your program within 150% or less program time frame, AND, indicate when and how many more units are needed to complete your program.

The following are not extenuating circumstances: Poor study habits, an overload of coursework, lack of preparedness, or did not receive financial aid in a timely manner.

The Financial Aid Appeal Committee will review the completed Satisfactory Academic Progress (SAP) Appeal Packet. The Committee's decision will be forwarded to the Financial Aid Office. The Financial Aid Office will notify you of the decision via email. **The decision of the committee is final!**

Certification and Signature

I certify that the information I have provided is true and complete to the best of my knowledge. Furthermore, I realize that additional information may be requested by the Office of Financial Aid to further support my appeal.

Student Signature

Date