
Satisfactory Academic Progress (SAP) Appeal Form

Student Last Name	First Name	Middle Initial	Dominican Student ID Number
Street Address	City	State	Zip
Phone Number			
Faculty Advisor's Name			Major

Federal Regulations require that the Office of Financial Aid at Dominican University of California, establish, publish and apply standards of SAP for Financial Aid eligibility. **This policy pertains to Institutional, Federal, and/or State Financial Aid and is separate from the Academic Policies established by Dominican.** Some Private, Gift and/or Other Scholarships/Grants may fall outside of the scope of the SAP Policy due to more stringent requirements.

You have been placed on Financial Aid Suspension You have a right to appeal this status by submitting the following items:

1. The SAP Appeal Form (this document)
2. A detailed letter explaining your extenuating circumstance(s) that caused you to not meet SAP
3. Supporting documentation of your extenuating circumstance(s)
4. An Academic Plan signed by your Advisor

Section 1: Please read and initial next to each item

_____ I understand that I am currently ineligible for Financial Aid and that I am responsible for any charges, including but not limited to tuition, fees, room, board, etc.

_____ I understand that submission of an appeal is a **request** and does not guarantee that Financial Aid eligibility will be reinstated

_____ I understand that only **complete** appeals will be reviewed by the SAP Committee

_____ I understand that the SAP Committee's decision is **final** and not subject to further review

_____ I understand that if this appeal is approved, I must meet the conditions of the appeal

_____ I understand that if this appeal is approved, I am expected to only take the classes that are listed on my Academic Plan as designed by my Advisor

_____ I understand that I must comply with the [SAP Policy](#) of Dominican as detailed online

Section 2: Please indicate why you need to file an appeal (check all that apply)

- () My cumulative Grade Point Average (GPA) is below 2.0 for Undergraduate/3.0 for Graduate
 - () My overall course completion rate is less than the minimum 67% requirement
 - () My total unit count has exceeded the maximum time-frame allowed (150% of my published program length/200% for MSCP program)
 - () I have exceeded the number of semesters allowed for my Merit Scholarship and/or Dominican Grant
 - () Enrolling at less than full-time (12-18 units)
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Section 3: Write your appeal letter and document your case

Why you did not meet SAP and/or maintain the minimum Merit Scholarship requirements? (Check all that apply)

- ☐ **Death in the family.** Please state how this person was related to you (parent, spouse, sibling, etc.) Provide a copy of the death certificate obituary and/or funeral program.
- ☐ **Disabling illness or injury to the student.** Provide supporting documentation from your medical provider.
- ☐ **Disabling illness or injury of immediate family member that required the student's care.** Provide supporting documentation from the medical provider.
- ☐ **Emotional/Mental health issue for the student that required professional care.** Provide supporting documentation from your medical provider.
- ☐ **Other unusual circumstance(s) that were beyond the student's control** (military service, natural disaster, etc.). Provide supporting documentation to support your statement(s).

*If you are appealing Financial Aid Suspension. Please refer to the online for circumstances that are **not** considered extenuating and beyond the student's control. SAP Appeals for Financial Aid Suspension **will not be accepted** for any of the reasons that are listed.*

IT IS IMPORTANT THAT YOUR STATEMENT IS CONCISE. This is your opportunity to discuss the specific factors that adversely impacted your academic performance. It is important to include a **specific plan of action** for returning to good standing. Your statement should not merely be a statement of good intentions.

Section 4: Student Certification

I certify that the information included in the written appeal and supporting documentation is true, accurate and complete to the best of my knowledge. I will provide any additional information requested by the SAP Committee. I understand a final decision will not be made on my Appeal unless all Sections of this form are complete; a signed and dated Academic Plan is provided and any additional requested information is provided. I recognize any false information provided may be cause for denial, reduction and/or repayment of student financial assistance and may subject me to fine, imprisonment or both under provisions of the U.S. Criminal Code.

Student Signature

Date

Section 5: Academic Plan

The Academic Plan must reflect the courses you will take each semester from now until graduation from Dominican. It must be completed by your Academic Advisor and/or Integrative Coach. Once complete, the Academic Plan must be signed and dated by both you and your Advisor/Coach, and attached to this form.

Section 6: Faculty/Staff Advisor Certification (to be completed by the Academic Advisor/Integrative Coach):

When is the student expected to fulfill all degree requirements and graduate? (List semester, i.e. Spring 2022)

Faculty/Staff Advisor Certification

I hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I confirm that the Academic Plan attached has been reviewed and discussed with the student and a copy will be maintained in the student's academic file for future reference.

Advisor Signature

Date

