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### Satisfactory Academic Progress (SAP) Appeal Form

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

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#### 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

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#### 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

