



Satisfactory Academic Progress (SAP) Appeal Form

Student Name (print): _____ NSU Student ID#: _____

The section below is your opportunity to describe the specific factors that adversely impacted your academic performance. It is also the place for you to outline the measures you plan to take to return in good standing. THIS SHOULD NOT BE A STATEMENT OF GOOD INTENTIONS. Your SAP appeal explanation MUST include the following:

- Explain what happened – why you were unable to maintain satisfactory academic progress
- Explain what has changed – the corrective measures you have taken or will take to achieve and maintain satisfactory academic progress

What happened? Describe circumstances beyond your control that led to your failure to meet SAP requirements. Attach documentation to support the claim when appropriate.

What has changed? How do you plan to meet SAP requirements in the future? What has changed to promote your success?

NOTE: Attach separate pages if necessary.

Incomplete appeals will not be considered and will result in a SAP denial.

Signature

Date

Satisfactory Academic Progress (SAP) Appeal Form

Required SAP Documentation

- SAP Appeal Form Completed and Signed by Student
- Supporting Documentation
- SAP Academic Plan – Must be completed by student and academic advisor. The SAP Academic Plan must be signed and dated by both the student and academic advisor
- Undergraduate or Graduate Advisor’s Transcript (your academic advisor will provide a copy of the transcript)
- Copy of class schedule for the upcoming term

Important to Remember

- Incomplete SAP Appeal Packets will constitute a SAP Denial
- Approved SAP Appeals
 - Students are notified in writing
 - Students approved are awarded one (1) semester of aid
 - Students are evaluated at the end of each semester to document continuous academic progress



FOR FINANCIAL AID USE ONLY

Student NSU ID#:

Date:

Student's Name:

_____ *Last* _____ *First* _____ *M.I.*

Appeal Decision:

<input type="checkbox"/>	Will not meet Cum GPA	<input type="checkbox"/>	Will not meet 67%	<input type="checkbox"/>	Exceed 150%	<input type="checkbox"/>	No extenuating circumstance
<input type="checkbox"/>	No signature(s)	<input type="checkbox"/>	No supporting documentation	<input type="checkbox"/>	Academic Plan incorrect	<input type="checkbox"/>	No UG TRAN

Additional Comments:

Office Use Only: 1st Review

Attempted credits _____ Completed credits _____

Cumulative GPA _____ Anticipated Graduation Date _____

Approved Incomplete Denied

SAP Appeal Committee Member or Reviewer's Signature

Date

Office Use Only: 2nd Review

Attempted credits _____ Completed credits _____

Cumulative GPA _____ Anticipated Graduation Date _____

Approved Incomplete Denied

SAP Appeal Committee Member or Reviewer's Signature

Date