Office of Student Financial Aid
2002 Rollins Hall
1 Old Dominion University
Norfolk, VA 23529-0052 ● Telephone: (757) 683-3683 ● Fax: (757) 683-5920

Satisfactory Academic Progress (SAP) Appeal Form

STUDENT NAME (print): ____________________________ UIN: ____________________________
PHONE NUMBER: ____________________________ STUDENT EMAIL: ____________________________

The University knows that uncontrollable events (death of a family member, illness, e.g.) happen in a student's life and that some students have trouble adjusting to college. The University will consider special circumstances that happen in a student's life such as death of a family member, student illness, and transition to college issues that result in unusual mitigating circumstances, being called to the military, etc. However, each student must describe what impact the circumstance had on academics, what the student has done to address the impact and how the student plans to be successful. If the student is not yet prepared to vigorously focus on academics with assistance if necessary, the student should not submit an appeal.

If the University approves an appeal, the student must adhere to the academic plan outlined within the appeal. Failure to meet the outlined academic plan by the end of the term for which the appeal is granted, will result in the loss of financial aid eligibility.

Identify the semester for which you are submitting your appeal: Fall 20____ Spring 20____ Summer 20____

Step 1: Your Reason for appeal - Select the reason(s) for your appeal (refer to the SAP suspension notification sent to you by the Financial Aid Office):

_____ Grade Point Average (GPA): Your GPA is below the minimum requirement (2.0 Undergraduate, 3.0 Graduate)

_____ Completion Rate: Your cumulative completion (overall attempted vs. successfully completed credit hours) rate is below 67% (undergraduate) and 80% (graduate).

Step 2: Your Appeal Letter and Supporting Documentation - Attach the completed form that clearly explains your situation.

The appeal letter/form provides opportunity for you to describe the impact and the circumstance(s) that prevented you from meeting the SAP standards. It outlines what will change that will lead to your SAP success and it should outline the timeframe of your extenuating circumstance(s) for the period that you were unable to meet the SAP requirements.

Extenuating or Mitigating Circumstances:
• Death in the family. State how this person was related to you (i.e. parent, spouse, sibling, etc.).
• Illness or injury to the student and/or immediate family member.
• Emotional or mental health issue (for student) that required professional care.
• Other unusual circumstances beyond your control (transition that may lead to: depression, anxiety, and other problems that can be documented)

Reminder: Supporting documentation is required and must be noted during the timeframe referenced in the appeal. Documentation should be secured from an objective third party (e.g., medical bills, death certificate, counselor, teacher/professor, religious leader, or unbiased third party).

Deadline for submission for Fall term – September 30                     Deadline for Spring term – February 27                     Deadline for Summer term–June 1
Satisfactory Academic Progress Appeal Letter

STUDENT NAME (print): ________________________________ UIN: __________________________

This 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 to good standing. **THIS SHOULD NOT MERELY BE A STATEMENT OF GOOD INTENTIONS.**

Your satisfactory academic progress (SAP) appeal explanation MUST include the following:

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

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

_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
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What has changed? How do you plan to meet the Satisfactory Academic Progress requirements in the future? What has changed to promote your success?

_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
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(Please attach separate pages if necessary.)

Incomplete appeals will not be considered.

Signature: ________________________________ Date ________________________________
Step 3: Your Academic Plan – As part of the appeal, a student must document extenuating circumstances that prevented him or her from meeting the requirements as well as develop and agree to an Academic Plan leading to graduation. Complete the plan below and meet with your academic advisor, so that you can agree on the specific steps and performance that you need in order to complete your degree or certificate and meet the Satisfactory Academic Progress standards.

<table>
<thead>
<tr>
<th>ACADEMIC PLAN PROJECTION (Completed by your academic advisor)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Current Overall ODU GPA ______ Major_____________________ Total Credits Earned (include transfer earned)_______________________</td>
</tr>
<tr>
<td>In the next semester, you must earn this number of credits ______</td>
</tr>
<tr>
<td>In the semester(s) below, you must earn this GPA as indicated? Minimum 2.0 UG Minimum 3.0 Grad</td>
</tr>
</tbody>
</table>

With your academic advisor, construct a plan of study for three semesters or through the semester you expect to graduate (whichever is less). Beginning with the current semester (or your next planned period of enrollment if not currently enrolled), list the SEMESTER AND THE NUMBER OF CREDITS. **Only include credits for courses that are necessary for proper academic progress toward completing your degree(s).**

<table>
<thead>
<tr>
<th>Semester and Year: _______</th>
<th>Semester and Year: _______</th>
<th>Semester and Year: _______</th>
<th>Semester and Year: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit Hours</td>
<td>Credit Hours</td>
<td>Credit Hours</td>
<td>Credit Hours</td>
</tr>
</tbody>
</table>

Minimum Term GPA required: 2.0 UG
Minimum Term GPA required: 3.0 GRAD

I have discussed the above terms and academic plan with the student, so that the student can meet the Satisfactory Academic Progress (SAP) standards to maintain his/her financial aid eligibility toward the major the student is pursuing.

ACADEMIC ADVISOR’S NAME: ____________________________
ACADEMIC ADVISOR’S SIGNATURE: ____________________________ DATE: __________________

Step 4: SIGNED CERTIFICATION- After your form has been completed and signed by you and your academic advisor, please keep a copy for your records and submit the completed form, Appeal Letter, Supporting Documentation and Academic Plan to the Financial Aid Office. **Incomplete appeals will not be considered.**

I understand that by signing this plan, I am agreeing to the conditions specified below to maintain my financial aid eligibility:

- Undergraduate - I will maintain a minimum 2.0 GPA for each term
- Graduate – must maintain 3.0 GPA
- I understand that course grades of “I” and “II” will not be counted *
- I understand that I must complete/pass all classes attempted *
- I understand that I cannot withdraw from any classes after the drop/add deadline
- Failure to meet any of the above will result in aid cancellation and is not appealable
- *Note that this includes all courses, including Thesis, CDROM, and Asynchronous

I certify that the information on this form and any attachments is complete and accurate. I understand that I am responsible for meeting any payment deadlines while waiting for an appeal decision and approval of my appeal is not guaranteed. I understand that if my appeal is approved, my academic progress will be reviewed each semester and my failure to meet the conditions of my approved appeal will result in the loss of my future financial aid. If my appeal is approved for one term, I understand that the University must compare my new grades to my academic plan to measure my success. If I did not meet the terms of the appeal, I will not be eligible for financial aid. I understand that a second appeal will not be granted. If I have registered for classes and cannot afford the classes, I should withdraw from the classes I cannot afford.

STUDENT SIGNATURE: ____________________________ DATE: __________________
PRINT NAME ____________________________________________________________ UIN ____________________________

Office use only
Counselor’s Decision: Approved _______ Denied _______ Date: __________________
Counselor ____________________________
Example of a Satisfactory Academic Progress Appeal Letter

Date: June 2, 2020
Name: Joe Black
Student ID: 00012345
RE: Sap Appeal Explanation Statement

What happened?

I was involved in a car accident on October 12, 2019. I was in the hospital for two weeks because of a broken leg. Then I needed to have physical therapy every day for six weeks. This interfered with my ability to attend classes on a regular basis. I was unable to complete the fall 2019 semester and this affected my academic progress.

What has changed?

My leg has healed and I feel confident that I am able to continue my coursework and improve my academic progress. I intend to register and repeat the coursework in the classes that I failed. I will also take the workshop offered through Academic Success Center called Second Chances. I will also use the assignment planner on the library website to help me stay on track.

Attached is documentation verifying my accident:

• A note from my doctor showing that I was under his care during the above time, and why. The note also shows that my doctor released me to return to school on January 1, 2019.
• A copy of my hospital bill showing the dates of my stay.
• A statement from my physical therapist indicating my therapy schedule.