**Office of Financial Aid**

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**Satisfactory Academic Progress (SAP) Appeal Form**

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| --- | --- |
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| 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](https://www.dominican.edu/admissions/aid/sap) 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)

**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.*

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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)

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**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.*

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Advisor Signature Date