



Office of Student Financial Assistance
 3301 College Avenue • Fort Lauderdale, Florida 33314-7796
 (954) 262-3380 • 800-541-6682 • Fax (954) 262-3966

**SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM
 2008-2009 Academic Year**

**NOTE: SUBMISSION OF THIS FORM DOES NOT GUARANTEE REINSTATEMENT OF AID
 ELIGIBILITY**

A student is **INELIGIBLE** to appeal for Satisfactory Academic Progress (SAP) for the following reasons: (1) if the student had a previously approved appeal for their current program of study, or (2) if the student reached the maximum time-frame limitation of the quantitative SAP Policy. ALL students must earn their degree within the 150% margin of the required credits to complete the program. Once that margin is reached, a student cannot appeal.

Incomplete appeals (i.e. lacking supporting documentation) will not be considered for review. The result of your appeal will be emailed to you within 30 days of receipt of documentation. If your initial appeal is denied, you may request in writing, within 15 days of the denial, that your appeal be forwarded to the University Financial Aid Appeals Committee for a second and final review. Decisions of University Financial Aid Appeals Committee are final and cannot be appealed.

Section 1: Required Documentation

The Office of Student Financial Assistance reviews the academic records of students who are no longer eligible to receive Federal and/or State Student Aid. In order to appeal your financial aid suspension, complete **ALL** information and return this form with a letter of explanation and supporting documentation. As established by the U.S. Department of Education and the Florida Office of Student Financial Assistance, your appeal must address one of the following issues:

- Personal illness or injury (must provide a written statement from a physician)
- The death of an immediate family member (please provide copy of the death certificate)
- Extenuating circumstances that were clearly beyond your control (please provide appropriate documentation to verify circumstances)

Considering the above criteria, please attach a signed letter and supporting documentation explaining in full detail what caused you to not meet the minimum Satisfactory Academic Progress Standards.

Section 2: General Information

Name: _____

NSU ID# _____ **Contact Phone #:** _____

NSU Email: _____ **Expected Graduation Date:** _____

Please check the term(s) for which you are appealing:

- Summer 2008** (for programs with an academic year starting in the summer)
- Fall 2008** **Winter 2009** **Spring 2009** **Summer 2009**

Section 3: Student Certification

I certify that I have read the Standards of Satisfactory Academic Progress at:
http://www.nova.edu/cwis/finaid/information/academic_progress.html.

Signature: _____ **Date:** _____