2014-2015 Satisfactory Academic Progress (SAP) Appeal Form

Students who failed to meet Satisfactory Academic Progress (SAP) due to extenuating circumstances may appeal the denial of student financial assistance for the 2014-2015 academic year. SAP standards are posted at www.nova.edu/sap. It is the student’s responsibility to review and understand SAP standards.

NSU SAP Appeal Instructions

You must submit your completed and signed 2014-2015 SAP appeal within 60 days from the date of the failure notice as follows:

- by mail to the address listed above
- by fax to (954) 262-3966
- in person at the One-Stop Shops located on the main campus in the Horvitz and Terry Administration Buildings, or at your local campus

Incomplete SAP Appeals will not be approved.

A complete SAP appeal consists of:

1. SAP Appeal Form
2. A signed letter addressing in full detail
   a. why failure of SAP has occurred based on one of the following circumstances as established by the U.S. Department of Education and the Florida Office of Student Financial Assistance:
      o personal illness or injury (must provide a written statement from a physician)
      o death of an immediate family member (please provide copy of the death certificate)
      o documented extenuating circumstances that were clearly beyond the student’s control
   b. what has changed that will enable you to successfully meet SAP in the future
3. Supporting documentation
4. An academic plan.* This is only required if you are unable to make up all deficiencies to meet SAP within one semester. The academic plan must be completed by your academic program office.

*If SAP failure was based on the quantitative measure only, it is not necessary to establish an academic plan.

Please note:

- Please allow for two weeks (or longer during peak periods) for a response from the Office of Student Financial Assistance (OSFA) SAP Appeal Committee. Your appeal approval or denial notice will be sent to your NSU email.
- Generally, the OSFA will only approve one appeal per academic degree. This policy may only be waived in situations in which the student can clearly document that a new event beyond the student’s control has occurred.
- If your appeal is denied by the OSFA’s SAP Appeal Committee you may request that your appeal be forwarded to the University Appeals Committee for a second, final review. Your request must be in writing and must be made within 15 days of the denial. Decisions of the University Appeals Committee are final and cannot be overturned.
2014-2015 Satisfactory Academic Progress (SAP) Appeal Form

Section I: Student Information

Name: ______________________________________________________    NSU ID: ____________________________

Plan of Study:

☐ Undergraduate       ☐ Master’s/Specialist       ☐ Doctoral
☐ Professional/Health Profession Division ☐ First Professional/Law

Section II: Certification

I am appealing for reinstatement of financial aid eligibility.

a. Check one:

☐ I am planning to make up all deficiencies to meet SAP within one semester of probation. I am enclosing a letter explaining my extenuating circumstances along with supporting documentation. I understand that it is not necessary to complete the academic plan on page three.

☐ I am unable to make up all deficiencies to meet SAP within one semester. I am enclosing a letter explaining my extenuating circumstances, supporting documentation, and the academic plan completed by my academic program office. The academic plan is not required if I have only failed SAP for the quantitative measure. I understand that I must strictly follow the academic plan and continue to meet all other SAP requirements in order to be eligible for financial aid in future semesters.

b. You must explain what has now changed that will enable you to successfully meet SAP at the end of the next evaluation period.

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

c. I further understand that:

- Submission of this appeal does not guarantee reinstatement.

- If I fail to meet SAP within one semester or fail to meet the requirements of my academic plan my financial aid will be suspended until all components of SAP have been met by the next evaluation.

Student Signature: _________________________________________________________  Date: __________________
2014-2015 Academic Plan
(to be completed by the academic program office)

Please discuss with the student his or her academic performance and goals in regard to SAP. SAP standards are published at [www.nova.edu/sap](http://www.nova.edu/sap).

Student Name: ____________________________________________________________   NSU ID:________________

SAP failure is based on the following measure(s). Check all that apply:

- [ ] GPA
- [ ] Maximum Timeframe
- [ ] Pace

If SAP failure was based on the quantitative measure only, it is not necessary to establish an academic plan. As long as the student meets all SAP requirements in the following enrollment period, the student’s eligibility will be reinstated. If SAP failure was based on the maximum timeframe measure, the student must complete all credits required for degree completion by the end of the last semester of the academic plan.

### Section III: Minimum Credit and GPA Requirements

Please use the section below to indicate the minimum credit and GPA requirements the student must complete per semester in order to meet SAP.

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<th>Semester 1</th>
<th>Semester 2</th>
<th>Semester 3</th>
<th>Semester 4</th>
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<td>Term code:</td>
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Minimum number of credits the student must successfully complete:

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<th>Semester 1</th>
<th>Semester 2</th>
<th>Semester 3</th>
<th>Semester 4</th>
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Number of credits repeated:

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Minimum semester GPA:

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Please note:

- Minimum requirements must be met within a maximum of four additional semesters of enrollment.
- The student must successfully complete all credits attempted.

Academic Program Approval: _________________________________________________________________________

(Please print name and title)

Academic Program Approval Signature: __________________________________________________________

Student Signature: ____________________________________________________________________________ Date: _________________________________