



NOVA SOUTHEASTERN UNIVERSITY

Enrollment and Student Services
Office of Student Financial Assistance
3301 College Avenue • Fort Lauderdale, Florida 33314-7796
(954) 262-3380 • 800-806-3680 • Fax (954) 262-3966

2015-2016 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 2015-2016 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 2015-2016 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 Department of Education.
 - 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 appealing the denial of federal financial aid and 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 or you only failed SAP for state aid, it is not necessary to establish an academic plan.

Please note:

- Please allow up to three weeks 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.



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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 have failed SAP for Florida state aid only (Florida Resident Access Grant, Florida Student Assistance Grant, and/or Florida Bright Futures) and have not received notification of SAP failure for federal Title IV financial aid.

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: _____



2015-2016 Academic Plan

to be completed by the academic program office
for students who have failed SAP for federal Title IV aid only

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.

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 or if the student failed SAP for state aid, 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.

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.

	Semester 1	Semester 2	Semester 3	Semester 4
Term code:	_____	_____	_____	_____
Minimum number of credits the student must successfully complete:	_____	_____	_____	_____
Number of credits repeated:	_____	_____	_____	_____
Minimum semester GPA:	_____	_____	_____	_____

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: _____
(Print name and title)

Academic Program Approval Signature: _____

Student Signature: _____ Date: _____