



2026-2027 Satisfactory Academic Progress Appeal (SAP) Form

Please Return To:

Office of Financial Assistance Dropbox

<https://www1.villanova.edu/university/office-of-financial-assistance/contact-us/dropbox-and-important-forms.html>

Student's Name: _____ **Villanova University**
Student ID Number: _____ **Student ID Number:** _____
(8 Digit Number)

If a student has failed to achieve Satisfactory Academic Progress (SAP), the student can appeal the decision to the Office of Financial Assistance. The appeal form must be completed in its **entirety**. A detailed statement, which can be written on the following page, specifying the extenuating circumstances which prevented the student from achieving academic progress is required. This statement must also outline the steps being taken to prevent any future failure to meet Satisfactory Academic Progress standards with supporting documentation attached. An Academic Plan (on the last page of this form) developed in conjunction with the student's faculty advisor, academic dean or his/her representative is also required. **Your appeal will be considered incomplete until all required items (a completed SAP Appeal Form, Detailed Statement, Supporting Documentation-if applicable, and an Academic Plan) are received.** For Villanova University's complete SAP Policy, please visit: <https://www1.villanova.edu/university/office-of-financial-assistance/policies/satisfactory-academic-progress-policy.html>

Appeals must be received no later than 30 days before the end of the semester. We cannot accept appeals for an academic semester or an academic period that has ended. The Office of Financial Assistance may request additional documentation and/or require a personal interview with the student.

Please indicate the semester you are requesting a waiver: Summer 2026 Fall 2026 Spring 2027

Please indicate your program level: Undergraduate Graduate

Please indicate the extenuating circumstance below:

Death or Serious Illness of Immediate Family Member (mother, father, stepparent, sibling(s), etc.)

- Detailed written statement from the student
- Copy of Death Certificate or Letter from Health Care Provider, from whom family member received treatment, is required

Medical Issue

- Detailed written statement from the student
- Letter from Health Care Provider from whom you received treatment

Other Circumstance

- Detailed written statement from the student
- Supporting documentation

By signing below, I certify that all of the information reported is complete and correct. I understand that if my appeal is approved it will be for 1 semester only. In addition, this form must be accompanied by an academic plan from your College.

Student's Signature: _____ Date: _____

