2027-2028 Satisfactory Academic Progress Appeal (SAP) Form

Please Return To:
Office of Financial Assistance Dropbox
https://www.villanova.edu/university/office-of-financial-assistance/contact-us/dropbox-and-important-forms.html

Student's Name:_____ **Villanova University Student IDNumber:**_____
(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://www.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 2027 ☐ Fall 2027 ☐ Spring 2028

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: _____

VILLANOVA UNIVERSITY
IGNITE CHANGE. GO NOVA.

2027-2028 Detailed Statement for Satisfactory Academic Progress Appeal (SAP)

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

Please provide a detailed statement, which can be written on the lines provided below, specifying the extenuating circumstances which prevented you, the student, from achieving academic progress. You must also outline the steps being taken to prevent any future failure to meet Satisfactory Academic Progress standards with supporting documentation attached. This statement must be submitted along with the SAP Appeal Form, on the first page, and an Academic Plan, which can be found on the next page, that is completed in conjunction with your academic advisor, faculty member, or dean of your college.

Student's Signature: _____ Date: _____

2027-2028 Academic Plan for Satisfactory Academic Progress (SAP)

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

Completion of this academic plan is required to consider your Satisfactory Academic Progress Appeal. This plan must be completed in consultation with your academic advisor or faculty member and submitted to the Office of Financial Assistance.

Instructions:
The purpose of this academic plan is to dictate the appropriate academic steps in order to achieve Satisfactory Academic Progress (SAP) for the following academic year. Please indicate the academic plan in the space provided below **or** attach a copy of the plan to this form. Your academic plan will be reviewed by your advisor or faculty member at the end of each term to confirm you are meeting the requirements set forth.

Academic Advisor/Faculty Member Signature:_____ Date:_____

Academic Advisor/Faculty Member Name (Please Print):_____

For the Student to Complete:

☐ I have read and understand the expectations illustrated in the academic plan put forth by my advisor or faculty member.

Student's Signature:_____ (NO DIGITAL SIGNATURES) Date:_____