

2024-2025 Satisfactory Academic Progress Appeal (SAP) Form

Please Return To:

Office of Financial Assistance Dropbox https://www1.villanova.edu/university/office-of-financial-assistance/dropbox-and-important-forms.html

Student's Name:	ent's Name:Student ID Number:			
State of table.		State	(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				
Students must appeal within two weeks of receive suspension. Appeals will not be accepted after the all charges on their student account. The Office require a personal interview with the student.	the two we	ek period has passed a	and the student will	be responsible for
Please indicate the semester you are requesting a	waiver:	Summer 2024	Fall 2024	Spring 2025
Please indicate your program level:	Undergra	aduate	Graduate	
Please indicate the extenuating circumstance belo	ow:			
 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 stude Letter from Health Care Provider from v 		eceived treatment		
Other CircumstanceDetailed written statement from the studeSupporting documentation	ent			
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:		



2024-2025 Detailed Statement for Satisfactory Academic Progress Appeal (SAP)

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	Villanova University		
Student's Name:	Student ID Number:		
	(8 Digit Number)		
Please provide a detailed statement, which can be written on to circumstances which prevented you, the student, from achievitaken to prevent any future failure to meet Satisfactory Acade attached. This statement must be submitted along with the SA which can be found on the next page, that is completed in conformal your college.	ing academic progress. You must also outline the steps being mic Progress standards with supporting documentation		
Student's Signature:	Date:		



2024-2025 Academic Plan for Satisfactory Academic Progress (SAP)

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Student's Name:	Villanova UniversityStudent ID Number:			
	(8 Digit Number)			
Completion of this academic plan is required to consider yo must be completed in consultation with your academic advis Financial Assistance.	ur Satisfactory Academic Progress Appeal. This plan sor or faculty member and submitted to the Office of			
(SAP) for the following academic year. Please indicate the acad	academic steps in order to achieve Satisfactory Academic Progress demic plan in the space provided below <u>or</u> attach a copy of the advisor or faculty member at the end of each term to confirm you			
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	ne academic plan put forth by my advisor or faculty member.			
Student's Signature	Date			