



Return this form on campus to:
Financial Aid Office

or mail it to:
Dominican College
Financial Aid Office
470 Western Highway
Orangeburg, NY 10962

Email: financial.aid@dc.edu
Phone: 845.848.7821
Fax: 845.359.4317

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

You may appeal your financial aid Satisfactory Academic Progress (SAP) status if *unusual circumstances* interfered with your ability to meet Dominican College's SAP standards as stated in the College catalog. The deadline for appeals is August 1, 2019. Within 10 business days after your appeal is received, you will be notified via mail on whether your appeal was granted or denied. You must file for financial aid or your appeal will automatically be denied.

Complete this form in Adobe Reader software, not a web browser, to ensure the privacy of your information. Place cursor in field and type. Print a copy to add the required signature(s) in blue or black ink and return the completed form to the Financial Aid Office (see address above).

SECTION A. Student Information

| | | |
|--|------------------|-------------|
| LAST NAME [Please type, or print in ink] | FIRST NAME | MIDDLE NAME |
| | | () - |
| STUDENT ID NUMBER | DC EMAIL ADDRESS | PHONE |

ACADEMIC PROGRAM: Undergraduate Graduate

TERM YOU ARE APPEALING: Fall Spring Summer Year _____

SECTION B. Please explain why you were unable to meet the standards. Appeals without supporting documentation will be denied.

You must attach appropriate supporting documentation to this form according to these guidelines:

- If a family member or significant person in your life has died, please attach a copy of the obituary or death certificate.
- If you, a family member, or significant person in your life has had a serious illness, accident, or injury, please attach a statement from a doctor or other professional third party, and/or a police report, and/or a hospital bill.
- If you or your parent has had a divorce, please attach a copy of a letter from an attorney or divorce decree.
- If you have experienced personal problems or issues with your spouse, family, or roommate, please attach a statement from a doctor, counselor, lawyer, Resident Director, or other professional third party.

Be specific in describing the factors that caused your academic difficulties. Attach supporting documents and any additional pages, if necessary, to complete your statement.

SECTION C. Please explain what has changed that will enable you to meet the standards:

SECTION D. Student Certification

I certify that all the information provided is true and correct to the best of my knowledge. I understand that submitting this appeal does not guarantee that my aid eligibility will be reinstated. I understand that I am responsible for all my debts incurred at the College regardless of my academic status.

STUDENT ID NUMBER

DATE

STUDENT PRINTED NAME

STUDENT SIGNATURE

SECTION F. Academic Plan

STUDENT NAME _____

STUDENT ID NUMBER _____

Financial aid will only apply to course(s) needed to complete your degree.

ANTICIPATED GRADUATION TERM: Fall Spring Year: _____

MAJORS: _____

MINORS: _____

List the course(s) you need to take including number of credits. Indicate whether or not each course is required to complete your degree. Specify the term and year in which you will complete them.

| <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____ | | | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____ | | |
|---|--------------|-----------------|---|--------------|-----------------|
| Course number (ex: MA 100) | # of credits | Required? (Y/N) | Course number (ex: MA 100) | # of credits | Required? (Y/N) |
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| TOTAL CREDITS | | | TOTAL CREDITS | | |

| <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____ | | | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____ | | |
|---|--------------|-----------------|---|--------------|-----------------|
| Course number (ex: MA 100) | # of credits | Required? (Y/N) | Course number (ex: MA 100) | # of credits | Required? (Y/N) |
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| TOTAL CREDITS | | | TOTAL CREDITS | | |

| <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____ | | | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____ | | |
|---|--------------|-----------------|---|--------------|-----------------|
| Course number (ex: MA 100) | # of credits | Required? (Y/N) | Course number (ex: MA 100) | # of credits | Required? (Y/N) |
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