



Return this form on campus to:
Student Financial Services or mail it to:
Dominican University New York
Student Financial Services
470 Western Highway
Orangeburg, NY 10962
Email: studentfinancialservices@duny.edu
Phone: 845.848.7821

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

You may appeal your financial aid Satisfactory Academic Progress (SAP) status if unusual circumstances interfere with your ability to meet Dominican University New York's (DUNY) SAP standards as stated in the University Catalog. The deadline for appeals is August 5, 2025. 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

DUNY 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 a 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 University regardless of my academic status.

STUDENT ID NUMBER

DATE

STUDENT PRINTED NAME

STUDENT SIGNATURE

SECTION E. Advisor's Statement and Academic Plan

Please provide your input to this student's Satisfactory Academic Progress status appeal. Before completing this section, review the student's degree plan with the student.

STUDENT DEGREE PROGRAM PROJECTED GRADUATION DATE

NUMBER OF CREDITS REMAINING TO COMPLETE PROGRAM

Please review with the student, the standards the student is not meeting and work with the student to develop an academic plan (which differs from the student's degree plan) that:

- Will reasonably ensure the student is able to meet all standards by a specific point in time (indicate term) _____;
- Is reasonable in terms of semester hours and class difficulty, and;
- Will keep the student on track to meet graduation requirements and ensure timely completion of the degree.

YOU MUST ATTACH THE ACADEMIC PLAN TO THIS APPEAL

Please add any comments and/or recommendations for the student to assist with his/her future academic success, such as ASC or counseling referrals, reduced work hours, or different classes:

[illegible]

NAME OF ADVISOR

TITLE DU EMAIL ADDRESS

ACADEMIC DIVISION PHONE

ADVISOR'S SIGNATURE DATE [Please type, or print in ink]

SECTION F. Academic Plan

STUDENT NAME

STUDENT ID NUMBER

Please Note: 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 the 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)	
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)	
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)	
TOTAL CREDITS				TOTAL CREDITS			