



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, 2026. 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

Form fields for student information: LAST NAME, 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:

- List of guidelines for supporting documentation: family member death, serious illness, accident, divorce, personal problems.

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

Blank lines for student to provide explanation and attach supporting documents.

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 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		