Fordham University  
Satisfactory Academic Progress (SAP) Appeal Form for Graduate Students

In order to appeal the denial of financial aid due to the failure to maintain Satisfactory Academic Progress, you must complete this form and attach the required documentation. Forms lacking appropriate documentation will be regarded as incomplete. Please submit this form to your Dean’s Office for review.

Please read and complete this application carefully.

Last Name: ___________________________ First Name: ___________________________

Student ID Number: _______________________

Telephone: ___________________________ E-Mail Address: _________________________

Please indicate the semester for which the appeal is to be considered.

☐ Fall 20_______  ☐ Spring 20______

Have you had a previous appeal?  ☐ No  ☐ Yes (Indicate semester of the previous appeal _____

Types of Appeals
Please check the appropriate category (More than 1 category may apply)

☐ GPA* - If this appeal is based upon your cumulative grade point average, you must address the issue of completing courses with a GPA lower than what is required for your school.

☐ Attempted Hours* - If the number of hours attempted is less than the required amount.

☐ Completed Hours* - If the number of hours completed is less than required amount, you must address enrolling in courses and receiving a Withdrawal/s (Ws) or an Incompletes (Is) which have negatively affected your completion ratio.

☐ Number of Years Enrolled* - If the number of years enrolled is greater than allowed.

*See the Graduate Bulletin for detailed information on Academic Progress

Reasons for Appeal
Please indicate which mitigating situation best applies to the reason you have experienced academic difficulty. Then, you must provide a detailed explanation of the factors contributing to your lack of academic progress. Also, please describe the steps taken to prevent future unsatisfactory academic progress.

☐ Medical: If a medical problem contributed to the failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.

☐ Death/Illness: If the death/illness of a family member or close friend contributed to the lack of academic progress, please attach appropriate copies of medical records, death certificate, etc.

☐ Change of Major: If a change of major has contributed to the lack of academic progress, please attach a copy of the change of major form/s that you submitted to the Registrar’s Office.

☐ Other Circumstances: Please clearly state the circumstance (not listed above) and provide appropriate documentation.

______________________________________________________________________________

______________________________________________________________________________

*All mitigating circumstances must be documented
Explanatio

You must provide a written explanation below regarding the reasons that you are failing to meet the satisfactory academic progress requirements. If additional space is needed, please feel free to attach an additional page.

Please describe the steps that you have taken to correct the problems that have prevented you from making satisfactory academic progress.

I have read the Fordham University Satisfactory Academic Progress Policy and am submitting a complete SAP Appeal Form. I understand that a SAP Appeal Form that is incomplete or lacks appropriate documentation can delay the decision of my appeal.

Student Signature ____________________________ Date ______________

For Office Use Only:
☐ Waiver Denied
☐ Waiver Approved – Probation (Detail below)
☐ Waiver Approved – Academic Plan (Detail below)

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Dean/Administrator’s Name – Title (Print) ____________________________ Dean/Administrator’s Signature ____________________________
Date ________________

*Attn Dean/Administrator - Please return completed form directly to:
Lincoln Center/Westchester: Barbara Wokie – Leon Lowenstein Bldg., 2nd Floor
Rose Hill: Frances Zurinaga – Thebaud Hall