



2025-2026 Satisfactory Academic Progress Appeal (SAP) Form

Please Return To:

Office of Financial Assistance Dropbox

<https://www1.villanova.edu/university/office-of-financial-assistance/contact-us/dropbox-and-important-forms.html>

Student's Name: _____ Villanova University
Student ID Number: _____ (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>

Appeals must be received no later than 30 days before the end of the semester. We cannot accept appeals for an academic semester or an academic period that has ended. The Office of Financial Assistance may request additional documentation and/or require a personal interview with the student.

Please indicate the semester you are requesting a waiver: Summer 2025 Fall 2025 Spring 2026

Please indicate your program level: Undergraduate Graduate

Please indicate the extenuating circumstance below:

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 student
- Letter from Health Care Provider from whom you received treatment

Other Circumstance

- Detailed written statement from the student
- Supporting documentation

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: _____



2025-2026 Academic Plan for Satisfactory Academic Progress (SAP)

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Student's Name: _____ Villanova University Student ID Number: _____
(8 Digit Number)

Completion of this academic plan is required to consider your Satisfactory Academic Progress Appeal. This plan must be completed in consultation with your academic advisor or faculty member and submitted to the Office of Financial Assistance.

Instructions:

The purpose of this academic plan is to dictate the appropriate academic steps in order to achieve Satisfactory Academic Progress (SAP) for the following academic year. Please indicate the academic plan in the space provided below or attach a copy of the plan to this form. Your academic plan will be reviewed by your advisor or faculty member at the end of each term to confirm you are meeting the requirements set forth.

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 academic plan put forth by my advisor or faculty member.

Student's Signature: _____ Date: _____