Delaware State University

Office of Financial Aid Satisfactory Academic Progress (SAP) STUDENT APPEAL FORM for EXCEEDING MAXIMUM PROGRAM CREDITS

This appeal is for:

DEADLINE DATES TO SUBMIT APPEAL:

January 22, 2020 – SPRING 2020

Delaware State University Satisfactory Academic Progress (SAP) policy states that students will lose financial aid eligibility after attempting the maximum credit hours for their academic program. A review of your academic history indicates that you are close to or have exceeded the maximum credit hours in your program. To appeal, submit this completed Satisfactory Academic Progress Appeal Form, along with all related supporting documentation. NOTE: All appeal decisions are final. Appeals submitted without supporting documentation will be automatically denied.

Students Section I

Student Name: ____________________________ DSU ID# ____________________________

(Please Print)

Mailing Address: ________________________________________________________________

Number and Street  City  State  Zip Code

Program of Study: ____________________________

Telephone Number: ( ) ____________________________ DSU E-Mail: ____________________________

Student Section II Please check the category that applies to you and follow the instructions for that category.

Prerequisite Courses (courses you were required to complete in order to be accepted into your academic program, but do not count toward your academic program.)

✓ Statement from current academic department advisor indicating the number of prerequisite courses needed for current academic program.

✓ Must be submitted on DSU letterhead or be sent via email from a valid DSU email account.

Double Major or Minor

Change of Major

Post-Baccalaureate certification or 2nd Degree

Other. Appeals involving other unexpected circumstances beyond the control of the student will be considered.

✓ Typed Explanation

✓ Document(s) needed: Any documentation supporting the unexpected circumstances (legal documentation, etc.)

Student Section III

Complete the following information:

Number of credits required for current program of study: ________ Expected graduation date (month/year): ____/____

Number of credits you have attempted (transfer credits and credits taken at DSU University): __________

Number of credits you have remaining to complete your current program of study: ________

You MUST attach the following documentation to this appeal form:

1. Copy of DSU University degree audit that documents remaining courses needed to complete your current program of study.

2. Provide a typed statement explaining your program circumstances (i.e. program of studies you have pursued/completed, change in major, prerequisite courses, or pursuing second degree).

3. Provide a list of all remaining courses needed to complete degree requirements and indicate which semester(s) you will register for courses.
STUDENT SECTION IV – ACKNOWLEDGEMENT & AGREEMENT

Please check to acknowledge and confirm that you have read and understand Delaware State University’s Satisfactory Academic Progress (SAP) Appeal guidelines.

I understand that if I previously submitted a Financial Aid SAP Appeal, which was denied, I may be automatically denied.

I understand an appeal submitted without documentation may be automatically denied. Documentation must come from a professional objective third party that confirms my extenuating circumstance(s). My third-party documentation must be submitted on official stationary or have an official seal and confirm the specific timeframe referenced in my appeal.

I have included a typed statement describing my extenuating circumstance(s) as well as the positive steps I have taken to ensure if similar circumstances happen in the future, how I will be able to maintain satisfactory academic progress. Include any documentation to support these steps.

I certify the information on the appeal and any supporting documentation is accurate, true and complete to the best of my knowledge. I understand that I may submit only one Financial Aid SAP Appeal and that all decisions are final. I will provide additional supporting information if requested by Delaware State University’s Office of Financial Aid.

I understand that if my Financial Aid SAP Appeal is denied, I am not eligible to appeal again at a later time.

I understand false information may be cause for denial, reduction, and/or repayment of financial assistance.

I understand that I will be responsible for payment in full and/or making alternative payment arrangements while this appeal is being processed, regardless of the decision rendered by the SAP appeal committee.

Your appeal will be reviewed within 15 days of receipt and you will be notified of the outcome via email. In most cases, if your appeal is approved, you will be placed on an academic plan until your degree requirements are fulfilled. Financial Aid SAP Appeals must be received prior to the close of business on the deadline date for the semester in which you are appealing. Late appeals will not be reviewed.

My signature below certifies the validity of the information contained on this form and all attachments. It also authorizes Delaware State University’s Office of Financial Aid to verify the information submitted.

Student Signature: __________________________________________ Date: ___________________________

Completed appeals should be forwarded to the attention of the:

Financial Aid SAP Appeal Committee C/O Office of Financial Aid Delaware State University, 1200 N DuPont Highway 19901