

SATISFACTORY ACADEMIC PROGRESS

FOR FINANCIAL AID ELIGIBILITY

I. THE POLICY

Academic history is reviewed for all students applying for financial aid. Failure to maintain Satisfactory Academic Progress will result in cancellation of aid. Three conditions must be met in order to maintain financial aid eligibility at Old Dominion University. Students must meet the following standards:

A. QUANTITATIVE

Undergraduate

In order to maintain financial aid eligibility, an undergraduate student is required to complete 75% of the total credit hours attempted.

Graduate

In order to maintain Satisfactory Academic Progress, a graduate student is required to complete 80% of the total credit hours attempted.

B. ALLOWABLE TIME

The maximum allowable time to be eligible for most financial aid programs for a full-time undergraduate student is five(5) years or ten (10) semesters. Students attending less than full-time will be eligible for aid for semesters registered, not to exceed the equivalent of ten (10) full-time semesters. The maximum allowable time to be eligible for financial aid for a full-time Master's degree is three (3) years and for a full-time Doctoral degree four (4) years.

C. QUALITATIVE

The Financial Aid Office will conduct a review at the end of each academic year to determine the student's successful progression toward obtaining a degree by comparing cumulative Grade Point Average to hours earned. Qualitative Satisfactory Academic Progress for undergraduate students is evaluated in accordance with the following table:

<u>Undergraduate</u> <u>Hours Earned</u>	<u>Minimum G.P.A.</u>	<u>Graduate</u> <u>Hours Earned</u>	<u>Minimum G.P.A.</u>
1+	2.00	1+	3.0

Student Name _____ UIN _____

A review of your academic history reveals that you have not maintained Satisfactory Academic Progress due to:

_____ A. Quantitative Attempted hours _____ Earned hours _____ Required hours _____

_____ B. Current Allowable Time

_____ C. Current Qualitative = _____ GPA Needed Qualitative = _____ GPA

(Office use only)

Counselor's Decision: APPROVED CON1____; CON2 ____; CON3____ or DENIED _____

Date: _____ Counselor's Signature _____

Comments _____

II. THE APPEAL PROCESS:

If you would like to file an appeal for reinstatement of your eligibility for financial aid, please follow these directions:

1. Use the SATISFACTORY ACADEMIC PROGRESS APPEAL FORM to write your appeal.
State clearly why you failed to meet the condition(s) cited. Attach documentation if necessary.
2. Meet with your academic advisor or the dean of your college to complete the REQUEST FOR WRITTEN EVALUATION OF ACADEMIC PERFORMANCE form.

If you are appealing because you have reached the maximum number of credits attempted, you will also need to submit a DEGREE PLAN, in which your advisor indicates the number of credit hours and semesters needed to complete your degree requirements.
NOTE: If you submit your appeal without the advisor or dean's evaluation, your appeal will not be considered.
3. Submit your appeal and all supporting documents within 14 days of receipt of this notification.
4. ALLOW TWO WEEKS for the processing of this appeal and receipt of the decision letter. If your appeal is approved, the decision letter will outline the conditions of your contract for reinstatement of aid eligibility. The contract is binding and your academic progress will be reviewed at the end of the enrollment period specified. If your appeal is denied, the decision letter will specify the conditions for future consideration for financial aid eligibility.
THE DECISION OF THE FINANCIAL AID REVIEW COMMITTEE IS FINAL.

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

NAME: _____ UIN: _____

LOCAL ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP: _____

E-MAIL ADDRESS: _____

APPEAL is for (Check one) Fall Semester Spring Semester Summer Semester

Academic/Faculty Advisor's Name: _____

Department: _____ Anticipated Graduation Date: _____

Describe the circumstance that led to your not meeting the Satisfactory Academic Progress requirements. Attach documentation to support the claim when appropriate (letter confirming medical treatment if citing personal illness or injury signed by medical personnel who prescribed or administered medical treatment. Copy of death certificate should be cited for confirmation of death in immediate family, etc.)

How do you plan to meet the Satisfactory Academic Progress requirements in the future?

Signature: _____ Date: _____

(Please attach separate pages if necessary to continue this written appeal and/or provide documentation.)



Office of Student Financial Aid • 121 Alfred B. Rollins, Jr. Hall • Norfolk, VA 23529-0052 • Phone 757-683-3683 • Fax 757-683-5920

TO: Dean of the College or Academic Advisor
FROM: Financial Aid Office
DATE: _____
RE: Request for Written Evaluation of Academic Performance

To comply with federal regulations, Old Dominion University is required to monitor whether a student is maintaining satisfactory progress in his or her course of study. Students who have been denied financial aid eligibility because they have not met the requirements of the Satisfactory Academic Progress Policy are offered the opportunity to submit an appeal for an exemption from the policy. As part of the appeal, a student must document extenuating circumstances that prevented him or her from meeting the requirements.

Before the Office of Student Financial Aid may consider a student's appeal, the student is required to obtain a written evaluation of his/her past and potential academic performance at Old Dominion University. Your evaluation will be treated as confidential and will be reviewed only by the Appeal Committee and financial aid staff as necessary.

The student presenting this document and EVALUATION OF ACADEMIC PERFORMANCE form to you will sign below that he authorizes your release of information. Once completed, please fax the evaluation to the Office of Student Financial Aid at (757) 683-5920 or mail via campus mail to 121 Rollins Hall. Thank you in advance for your cooperation.

STUDENT NAME: _____ **UIN:** _____

I hereby authorize the release of information regarding my academic performance at Old Dominion University. I understand that this is a necessary component of my appeal for exemption from the Standards of Satisfactory Academic Progress Policy and that the information will be released only to the financial aid office.

SIGNATURE: _____ **DATE:** _____

Enclosed: EVALUATION OF ACADEMIC PERFORMANCE FORM

EVALUATION OF ACADEMIC PERFORMANCE

(To be completed by advisor)

Student Name: _____

UIN: _____

1. When did you begin advising this student? _____

2. What is the grade point requirement for this student to continue in his / her major?

What is your assessment of the student's potential to meet this requirement?

3. Are you aware of any extenuating circumstances that have hindered the student's academic performance? If so, please comment.

4. Please provide comments or recommendations regarding the student's academic performance.

If box is checked, please complete question 5.

5. DEGREE PLAN (complete this section if hours attempted exceeds 120):
semester hours required to complete degree requirements _____
semesters the student will be enrolled to complete the requirements _____

Evaluation completed by (please print) _____

College _____ Phone # _____

Signature: _____ Date _____

ALL pages of the evaluation may be faxed to: (757) 683-5920.

Thank you.

ALL PAGES OF THIS SAP APPEAL FORM MUST BE SUBMITTED