

**Office of Financial Aid**  
2021-2022 Financial Aid Appeal Form

Deadlines by semester:

Summer – June 13  
Fall – priority – July 14      Fall – final – August 29  
Spring – priority – January 16      Spring –final – January 30

Student Name: \_\_\_\_\_

SSN (last four digits): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Type:  WOM     CAUS     GRAD     PHARM    Anticipated Graduation Date: \_\_\_\_\_

Students receiving financial aid must maintain academic progress towards their degree, as described in the satisfactory academic progress (SAP) policy available at [www.ndm.edu/financialaid](http://www.ndm.edu/financialaid) > How to keep it > Policies > Satisfactory academic progress. In general this means meeting the qualitative (GPA) and quantitative (pace/progress and maximum timeframe) measures each semester. Separate from these reasons students who are receiving an academic scholarship(s) must meet certain criteria as outlined in their scholarship award acceptance form. Students who failed to meet the requirements have lost their eligibility for aid and must complete this form and submit all required documentation by the deadline listed on their letter to appeal the suspension. **Please note that an appeal does not guarantee the reinstatement of your aid. Also note that incomplete appeals will not be reviewed.**

**Section A: Appeal Information**

- I am submitting this appeal form for:  
 SAP Appeal                       Scholarship Appeal
- I am submitting this appeal form for the following semester:  
 Summer 2021       Fall 2021       Spring 2022

**Section B: Disqualification Reason**

I am submitting this appeal form for the following reason(s):

**SAP Appeal**

- I have not completed at least \_\_\_\_\_% of the credit hours attempted
- I have not achieved a cumulative GPA of at least \_\_\_\_\_
- I have exceeded the maximum timeframe for my educational program
- I have been placed on academic probation as determined by the Office of Academic Affairs or School of Pharmacy

**Scholarship Appeal**

- I have exceeded the maximum number of semesters allowed for my scholarship
- I have failed to complete a minimum of \_\_\_\_\_ credits per semester
- I have failed to maintain a \_\_\_\_\_ cumulative GPA as required for my scholarship

*This form contains personally identifiable information.*

Office of Financial Aid · 4701 North Charles Street, Baltimore, MD 21210  
410.532.5369 (Voice) · 410.532.6287(fax) · [finaid@ndm.edu](mailto:finaid@ndm.edu)

**Part 1 of 2**

**Section C: Acceptable/Applicable Reason**

Please check the applicable reason below and submit the requested supporting documentation.

**\_\_\_ 1. Medical illness (myself or within my family) or injury:**

- Submit a letter from the treating physician, or a hospital bill/report stating the nature of your illness/accident

**\_\_\_ 2. Death of an immediate family member**

- Submit a copy of the death certificate, obituary, or funeral notice

**\_\_\_ 3. Personal Tragedy/Event**

- Submit a statement on letterhead from counselor/minister/police

**\_\_\_ 4. Other significant event/situation**

- Attach any applicable support document

**Section D: Required Essay**

An essay is required in order for the financial aid appeal form to be considered complete. Please attach an essay explaining each of the following:

1. Explain why you were unable to meet the requirements of SAP as defined by the SAP Policy ([www.ndm.edu/financialaid](http://www.ndm.edu/financialaid) > How to keep it > Policies > Satisfactory academic progress) and/or the requirements of your academic scholarship.
2. Explain how your circumstance(s) have changed that makes you feel you can meet SAP and/or the requirements of your academic scholarship and complete your educational goals.
3. Explain specifically your plan of action to improve your academic performance and complete your educational goals.

**Section E: Certification:**

By signing below, I certify that the information provided on this form and its attachments are accurate and complete to the best of my knowledge. I understand that I am not eligible for financial aid and/or my academic scholarship unless I receive written approval of this request and that ALL appeal decisions are FINAL.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Check that the following items are included:

- Personal essay
- Documentation
- Advisor section

**\*\*You will be notified in writing of the appeal committee's decision\*\***

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Part 1 of 2



Office Use Only

**To:** Academic Advisor  
**From:** The Office of Financial Aid  
**Date:**  
**RE:** Request for written evaluation of academic performance

In order to comply with federal regulations, Notre Dame of Maryland University is required to monitor students' academic progress. Students who are not in compliance with the SAP Policy and/or their scholarship criteria have lost a portion and/or all of their financial aid. Each student has the right to appeal and request that their aid be reinstated. As part of the appeal, students must document extenuating circumstance that prevented them from meeting the requirements.

Before the Appeals Committee considers a student's appeal, the student is required to obtain a written evaluation of his/her past and potential performance at Notre Dame of Maryland University. Your evaluation will be treated as confidential and will be reviewed by the Appeals Committee and financial aid staff, as necessary.

The student presenting this document and Evaluation of Academic Performance form to you must sign below that he/she authorizes you to release this information. Once the Evaluation of Academic Performance form is completed, please return this form to the Office of Financial Aid via fax at (410)-532-6287. Thank you in advance for your prompt attention and cooperation.

Student Name: \_\_\_\_\_

Student SSN: (last four digits): \_\_\_\_ \_

*I hereby authorize the release of information regarding my academic performance at Notre Dame of Maryland University. I understand that this is a necessary component of my appeal and that the information will be released only to the Office of Financial Aid and the Appeals Committee.*

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office of Financial Aid**  
 Evaluation of Academic Performance  
 (To be completed by advisor)  
*Please type or write legibly*

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

1. When did you begin advising this student?  
 \_\_\_\_\_
2. What is the grade point average requirement for this student to continue in his/her major?  
 \_\_\_\_\_
3. Are you aware of any extenuating circumstances that have hindered the student's academic performance? If so, please explain below.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Please provide comments or recommendations regarding the student's academic performance.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Degree Plan: After your review of the student's academic progress, please list the courses in which you feel would be best for this student to attempt for the upcoming semester: (list term: fall 2014, spring 2015, etc).

Term	Course	Credit Hours

Academic Advisor's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Academic Advisor's Signature: \_\_\_\_\_