

Satisfactory Academic Progress (SAP) Academic Plan

EFFECTIVE TERM:

_____ <small>NAME</small>	_____ <small>STUDENT ID#</small>
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_____ <small>PROGRAM OF STUDY</small>	_____ <small>PROGRAM ADVISOR</small>
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Check Student Type: Regular Student Transfer Student Dual Enrollment Student 3+1 Student

SAP Appeal Type: GPA/PACE (**complete sections A & B*) Maximum Timeframe (**complete sections B*)
 GPA, PACE & Maximum Timeframe (**complete sections A & B*)

Section A. GPA/PACE

- _____ I understand that if my financial aid is approved, I must successfully pass all of my courses. I may not receive grades of I, W, NA, ST, SR or NC for any future term enrolled.
- _____ I understand that if my financial aid is approved, I must have a term GPA of 2.5 or better.
- _____ I understand that if my financial aid is approved, I cannot withdraw from any courses.
- _____ If I change my program of study from what is approved on my Academic Plan, I understand that I must receive a new Academic Plan from my advisor and meet with an Academic Advisor before the tuition and fee deadline for the semester. If I register for any courses outside of my program, I will pay for those courses without the use of financial aid. (*Not applicable for Dual Enrollment*)
- _____ I understand that my progress will be evaluated at the end of each semester and I must adhere to the standards listed on my SAP Academic Plan in order to continue the academic plan. The requirements will remain in effect until all SAP standards are met.
- _____ I understand that failing to comply with the terms and conditions of this Academic Plan will result in the termination of my financial aid for subsequent semesters.

_____ <small>STUDENT SIGNATURE</small>	_____ <small>DATE</small>
_____ <small>ADVISOR SIGNATURE</small>	_____ <small>DATE</small>

Section B. Maximum Timeframe

Recommended Course Sequence
(To be completed by the Advisor ONLY)

CURRENT TERM: _____	TERM: _____	TERM: _____	TERM: _____	TERM: _____	TERM: _____

Degree Works Plan:

Advisors, please use the Degree Works Plan option. All remaining courses in the student’s program should be in the plan, including **Learning Support** and **second major courses**. **Incomplete Education Plans will not be accepted.**

Student Initials:

_____ I understand that if my Financial Aid Appeal is approved, my aid will be based on the required courses that are documented in my Academic Plan for my program of study *(not applicable for Dual Enrollment)*.

_____ If I change my program of study from what is approved on my Academic Plan, I understand that I must get a new Academic Plan from my advisor and meet with an Enrollment Advisor before the Tuition and Fee Payment Deadline for the semester. If I register for courses outside of my program, **I will pay for the courses without the use of Financial Aid (not applicable for Dual Enrollment)**.

_____ I understand that my progress will be evaluated after each semester and I must be adhering to the standards listed on the SAP appeal form I signed in order to continue the academic plan into the next semester.

_____ I understand that falling to comply with the terms and conditions of this Academic Plan will result in termination of my Financial Aid for subsequent semesters.

_____ I understand that if my current GPA is below 2.0 GPA and my completion rate is below 66.67%, then I also have additional requirements to meet. I must pass all of my courses and have 2.5 GPA at the end of the term and cannot withdraw from any classes.

_____	_____
STUDENT SIGNATURE	DATE
_____	_____
ADVISOR SIGNATURE	DATE