

Satisfactory Academic Progress (SAP) Academic Plan

EFFECTIVE TERM:

<hr/> NAME	<hr/> STUDENT ID#
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<hr/> PROGRAM OF STUDY	<hr/> PROGRAM ADVISOR
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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.

<hr/> STUDENT SIGNATURE <i>(Electronic signatures will not be accepted)</i>	<hr/> DATE
<hr/> ADVISOR SIGNATURE	<hr/> DATE

Section B. Maximum Timeframe

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

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

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 _____ (Electronic signatures will not be accepted)	DATE _____
ADVISOR SIGNATURE _____	DATE _____