



FINANCIAL AID DEPARTMENT

SATISFACTORY ACADEMIC PROGRESS (SAP) ACADEMIC PLAN FORM

This plan must be completed, signed by your academic advisor, and attached to your SAP Appeal Form. This enrollment plan must include only courses required for degree completion. This documentation does not guarantee approval of your appeal. If approved, you are expected to follow this plan in order to remain eligible to receive financial aid.

Name: _____

Student ID: _____

Major: _____

Anticipated Graduation Term: _____

Current GPA: _____

Pace: _____

Maximum Time Frame: _____

Length of a SAP Academic Plan:

SAP ISSUE	LENGTH OF PLAN
GPA	Up to 4 semesters or student is once again meeting conditions of SAP policy
PACE – 67% <	Up to 4 semesters or student is once again meeting conditions of SAP policy
Max-Time > 150%	Up to 2 semesters or student is once again meeting conditions of SAP policy
WITHDRAWALS	Up to 2 semesters or student is once again meeting conditions of SAP policy
ACADEMIC AMNESTY	Up to 4 semesters or student is once again meeting conditions of SAP policy
OTHERS	Based on individual approval set by Financial Aid Administrator

Term _____ Year _____

COURSE NAME	CREDIT HOURS

Term _____ Year _____

COURSE NAME	CREDIT HOURS

Term _____ Year _____

COURSE NAME	CREDIT HOURS

Term _____ Year _____

COURSE NAME	CREDIT HOURS

Academic Advisor Signature: _____

Date: _____

Student Signature: _____

Date: _____