



**Financial Aid Appeal
Academic Plan**

Student Name: _____

Anticipated Graduation Date: _____

This form must be completed by the Academic Adviser.

Current GPA:

Current Attempted Hours:

Semester/Term:		
Course #	Course Title	Credit Hours
Semester Credit Hours:		<input type="text"/>
Cumulative Attempted Hours:		<input type="text"/>

Satisfactory Academic Progress requirements for GPA are as follows:

1 – 29 hours attempted
1.6 cum. GPA on 4.0 scale

30 – 59 hours attempted
1.8 cum. GPA on 4.0 scale

60 + hours attempted
2.0 cum. GPA on 4.0 scale

Semester/Term:		
Course #	Course Title	Credit Hours
Semester Credit Hours:		<input type="text"/>
Cumulative Attempted Hours:		<input type="text"/>

Please calculate the GPA needed to meet SAP:

Academic Advisor Signature: _____

Date: _____

Advisor Email: _____

Phone Number: _____

I certify that I will complete the course plan above for my degree as outlined and understand that any deviation from this completion plan or failure to meet cumulative GPA or earned hours requirements will result in immediate termination of my financial aid.

Student Signature: _____

Date: _____

Financial Aid Director: _____

Date: _____