



Student Financial Aid & Scholarships

AY: _____
SAPA10/50/80

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM – Academic Plan

Staff Initials _____

Student ID number **S**

Student **LAST** name (one letter or dash or space per box)

Student **FIRST** name

MI

Degree/Certificate sought: Associate Degree Certificate

Academic Program Name (“Major”): _____ Major Code: _____

Anticipated Graduation Date (month/year): _____

The Academic Plan that is outlined below is based on the student’s major on file with the Enrollment Center/Registrar. If the student is in need of or required to take pre-requisites before being fully admitted into the program, please identify those courses as pre-requisites. Courses may not be included in the final calculation. Please complete academic plan through graduation:

Term	Year	Courses	Credits

Term	Year	Courses	Credits

Term	Year	Courses	Credits

Term	Year	Courses	Credits

Term	Year	Courses	Credits

Term	Year	Courses	Credits

Total remaining credits needed to complete degree/program: _____

Successful completion of this academic plan is the responsibility of the student, which includes any pre-requisites required for progression. The student’s signature below certifies that the student has completed, understands, and agrees to follow the Academic Plan as prescribed to earn the degree or certificate in the major as outlined above.

Student’s Name: _____ Date: _____