

Financial Aid: SAP Academic Plan Agreement

Your Satisfactory Academic Progress (SAP) Appeal is approved. You are placed on a temporary Financial Aid Academic Plan. Failure to comply with the terms of the Academic Plan will require submission of a new SAP appeal for review. If at the end of the Financial Aid Academic Plan, you are still not meeting the College's required Satisfactory Academic Progress policy, a new appeal will be required.

| First Name | M.I. | Last Name | Student ID (EMPLID) | |
|---|--|--|----------------------------|--|
| Please complete all | the sections below: | | | |
| Current Academic Program: | | Semest | Semester Approved: | |
| Read and initia | l each requiremen | <u>t</u> : | | |
| I must succes | ssfully complete 100% o | of the attempted credit hours (classe | es I enroll in). | |
| I can only en | roll in classes required f | or my degree program. | | |
| I must mainta | ain/earn a 2.00 or highe | r GPA each semester. | | |
| I cannot withdraw from any classes (after the last day to drop), and I acknowledge that incomplete grades are treated like a withdrawal (grade of "I"). | | | | |
| | e to the SAP Graduation current degree progra | n Plan (the required classes that I list m). | ted in my appeal needed to | |
| This for | rm must be signed and su | bmitted before your financial aid is re | instated (awarded). | |
| Student Contracti | ual Agreement: | | | |
| meet the requiren | nents as described abov | orary SAP Academic Plan Agreemen ve to continue receiving federal/sta seek out necessary academic suppo | te financial aid. I | |
| Progress, and I will continue to fail, I m | be required to appeal fo | each semester may result in failure or or the reinstatement of financial aid. to continue my education without th gress requirements. | I understand that if I | |
| By signing this for | m, I agree to these requ | irements. | | |
| Student Signatur | ρ | Date | | |