

### Student Academic Plan

Student's Name: \_\_\_\_\_

STU I.D. : \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

In order to maximize potential and work toward greater academic success, full commitment and focused attention are required. The student recognizes the need and agrees to do the following. **Incomplete request will not be reviewed.**

- Complete and submit the "Satisfactory Academic Progress Appeal Form" with documentation
- Make an appointment to see an Academic Advisor/designee to sign this agreement
- Attend all classes
- Make, keep and adhere to a rigorous study plan and schedule with the Academic Advisor
- Meet weekly with your Academic Advisor
- Work with a study group when appropriate

Course Number	Course Name/Subject	Number of Credits

\*Must be completed by Academic Advisor

*By signing below, the student understands that he/she must agree to the above academic plan in order to receive financial aid for this semester.*

 \_\_\_\_\_  
 Student's Signature

 \_\_\_\_\_  
 Print name of Academic Advisor

 \_\_\_\_\_  
 Signature of Academic Advisor

The student must complete and earn all \_\_\_\_\_ credits attempted during the \_\_\_\_\_ semester in order to retain his/her financial aid award for the subsequent semester. The student must also attain a semester GPA of \_\_\_\_\_.

No future financial aid will be disbursed to the student for the \_\_\_\_\_ semester until the Financial Aid Office has an opportunity to review all grades for \_\_\_\_\_ semester and confirm that the student has met all other requirements as stipulated above.

*By signing below, I understand that I must agree to the above stipulations as outlined for this semester, in order to receive financial aid. This means that I must not earn a failing grade, receive an incomplete or withdraw from any classes. I understand that I must adhere to the [Satisfactory Academic Progress Policy](#) for subsequent semesters.*

 \_\_\_\_\_  
 Student's Signature

 \_\_\_\_\_  
 Date

 Academic Plan Status:  Approved  Denied

 \_\_\_\_\_  
 Signature of Financial Aid Administrator

 \_\_\_\_\_  
 Date