SAP Academic Plan – Maximum Timeframe

It has been determined that you will need a brief extension to complete your degree program. To maintain eligibility for financial aid funding, you must fulfill the conditions outlined in the academic plan.

Student's Name (please print):_____ **ID:**_____

Major (Degree Program):_____

Expected Graduation Date_____

Academic Advisor's Name:_____

Instructions: This agreement represents a contract between you and the Office of Financial Aid. Schedule an appointment with your academic advisor to complete this form. Both you and your advisor must sign this form. Submit the completed form to the financial aid office. No financial aid will be disbursed until this form is received and approved by our office.

To fulfill your academic plan, you must:

1. Enroll **only** in the classes that will meet your degree requirements (listed below).
2. Receive passing grades in all completed courses.
3. Graduate by the expected date listed on this form.

This academic plan will remain in effect as long as you meet its terms listed above.

With your academic advisor, list the course number, course title and the semester of enrollment of the remaining courses that will meet your degree requirements by the expected graduation date listed on the top portion of this form. If more courses need to be listed, attach a separate sheet to this completed and signed form.

Course Number	Course Title	Semester of Enrollment

I acknowledge and understand that I have the responsibility to follow this SAP academic plan. Failure to meet the requirements of this plan will result in the suspension and disqualification of my financial aid eligibility. The plan reflects realistic and attainable goals to complete my degree program and graduate.

_____ _____

Student Signature **Date**

The student met with me to review his/her degree program requirements and was advised accordingly.

_____ _____

Advisor's Signature **Date**