University of Northern Iowa

Office of Financial Aid & Scholarships

Satisfactory Academic Progress (SAP) Plan of Study

Name: **UNI ID Number:**

Major: **Minor:**

Expected Graduation Date (semester and year):

Instructions

Please list all coursework for which you plan to register in order to meet degree requirements. It is understood that some classes may vary based on availability. Ideally, your plan will include all semesters until graduation. The plan of study will be used as part of the Financial Aid SAP appeal process; it is not intended for any other use. **The Plan of Study must be signed by your academic advisor.** If your advisor is unable to sign the form, your advisor may send the plan via email, but it must come from your advisor's email address. Unsigned plans will not be accepted.

Semester & Year:

Course Title/Number	Credits

Semester & Year:

Course Title/Number	Credits

Semester & Year:

Course Title/Number	Credits

Semester & Year:

Course Title/Number	Credits

Semester & Year:

Course Title/Number	Credits

Semester & Year:

Course Title/Number	Credits

Advisor Name: Advisor Signature: Date: