FΑ	SAP	APPEAL	
FA	SAP	APPEAL	



## Office of Financial Aid & Scholarships

## **Satisfactory Academic Progress (SAP) Plan of Study**

Last Name		First Name	First Name		nber
Degree(s)/Major(s)	Minor(s)	Minor(s) Exp		spected Graduation Date	
Instructions					
	Committee requi	res all students to meet with their	r academic adviso	or or record analyst to determine	a viable plan
				ease list all coursework for which	
				d on availability. Ideally, your pla	
all semesters until graduation	. To qualify for fo	ederal financial aid, you must be	enrolled at least	t half-time (6 credits for undergrac	luates, 5 cred
for graduate students). The pl	an of study will	be used as part of the Financial A	Aid SAP appeal p	rocess; it is not intended for any	other use.
		ademic advisor. If your advisor in ail address. Unsigned plans will r		the form, your advisor may send  Semester & Year:	the plan via
Course Title/Number	Credits	Course Title/Number	Credits	Course Title/Number	Credits
Total Semester Credits:		Total Semester Credits:		Total Semester Credits:	
Commenter O.V.		Compostor 0 Vocan		Commenter 0 Vocan	
Semester & Year: Course Title/Number	C dita	Semester & Year:		Semester & Year: Credits	
Course Title/Number	Credits	Course Title/Number	Credits	Course litte/Number	Credits
Total Semester Credits:		Total Semester Credits:		Total Semester Credits:	
Advisor Name		Department		Phone	