



FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS (FASAP) GRADUATION PLAN

Student's Name _____

VIP ID _____

Current Program of Study _____

Estimated Graduation Date _____

Prior Degree(s) Earned (and date earned) and/or Previous Major(s) (if applicable)

1. _____ 2. _____

Required items for appeal: *Failure to include these items will result in an automatic denial.*

- **A completed appeal form.**
- **Typed Statement:** You must address all terms where you have experienced academic problems or withdrawals. Include what actions you took to make an effort to meet your responsibilities during the time of your mitigating circumstances and how your circumstances have improved. Provide a detailed explanation of the factors which contributed to your lack of academic progress.
- **Proof** that the event you describe occurred (medical records, police reports, death certificates, etc...)
- **Graduation Plan:** if you will exceed the maximum Timeframe for your degree:
 1. If you are a first-semester transfer student, view your transcript to ensure that all credits from previous institutions have transferred as you expected. If you believe there are omissions, see the campus Admissions Office.
 2. Identify all degree requirements you have not fulfilled including your general education requirements.
 3. Map out all of the courses you need to graduate in the order you plan to take them. If there are courses required or a specific GPA required for admission to your major, consider those in your plan.
 4. Submit your completed Graduation Plan to your **faculty advisor** for review and approval.
 5. Once you have your advisor's approval, submit your plan to the Financial Aid Office.

GRADUATION PLAN – COURSES REQUIRED TO COMPLETE DEGREE ONLY

Fall Semester: 20____

Course (Subject Section) Hrs.

Spring Semester: 20____

Course (Subject Section) Hrs.

Summer Semester: 20____

Course (Subject Section) Hrs.

Fall Semester: 20____

Course (Subject Section) Hrs.

Spring Semester: 20____

Course (Subject Section) Hrs.

Summer Semester: 20____

Course (Subject Section) Hrs.

I, the academic advisor, hereby confirm that the above listed courses are required for this student to complete his/her degree and the student still requires these courses to graduate.

Advisor's Signature _____

Date _____

I, the student, certify the information submitted is true and correct to the best of my knowledge. I have read the FA SAP Policy. I understand the completion of this appeal does not constitute an approval of my appeal and I will receive a written notification of the final decision.

Student's Signature _____

Date _____

Financial Aid Office Use Only

FASAP Appeal Committee Decision

Appeal Term_____ Current Academic Year_____ CUM GPA_____ Hrs Attempted_____ Hrs Earned_____

Appeal Considered Based on:

_____ Seeking Second Undergraduate Degree _____ Change of Major
_____ Seeking Teacher Certification _____ Other_____

Appeal Complete: Y_____ N_____ (*If no document system. Return with denial or request additional information.*)

Appeal Denied: Y_____ N_____ Reason for Denial _____

Appeal Approved with graduation plan: Y_____ N_____

Graduation plan criteria and/or additional stipulations: _____

FASAP Committee's Signature_____ **Date**_____

If applicable 2nd Level Committee Review Results: _____

FASAP Committee's Signature_____ **Date**_____

System Comments_____ Awards Updated_____ FASAP Status Updated_____ FAO Initials_____