



Course Number	Course Name	Semester and Year	Grade Needed to meet SAP	Units

Additional Adviser Notes (Please feel free to attach an extra sheet if additional space is needed. _____ Check here if you have included another page) :

I confirm that the student has met with me to discuss their Satisfactory Academic Progress Status and support their submission of the SAP Appeal. The student needs a total of _____ units and _____ semesters to graduate.

Academic or Department Adviser Name _____ Email Address _____

Adviser Signature _____ Date _____

(Optional) Major Adviser Name _____ Email Address _____

Adviser Signature _____ Date _____

Section B: Completed by Student

By signing below, I verify that I have read the information listed above and I agree to adhere to the terms required for my financial aid eligibility to be reconsidered. I understand that failure to satisfy this academic plan will result in the loss of my financial aid until I do meet the minimum Satisfactory Academic Progress standards for financial aid. I also understand that submitting an appeal is not a guarantee that I will be approved and am responsible for my bill with the Student Financial Services Department.

Student's Signature: _____

Date: _____