Financial Aid - SAP Academic Plan Agreement

Student Name: _____ Net ID: _____

Semester: _____Fall _____Spring _____Summer

Major: _____ Anticipated Grad Date: _____

Please bring this form to your Academic or Department Advisor to complete and submit along with your SAP Appeal through csueastbay.studentforms.com. If you do not know who your advisor is, email whoismyadvisor@csueastbay.edu. To assist with this form, it is strongly encouraged that you bring your letter of disqualification during your meeting with your advisor. The goal of this Academic Plan Agreement is to assist you in meeting SAP minimum standards before you graduate.

If it is mathematically impossible for you to meet Satisfactory Academic Progress by the time you are expected to graduate, we will not be able to approve your SAP Appeal. Students who have reached Maximum Time Frame may submit a SAP Appeal. HOWEVER, approval of appeal will depend heavily on supporting documentation and the number of semesters you will need in order to graduate.

Note that submitting an appeal does not guarantee an approval and is independent of the billing deadline. If you have an outstanding balance, please settle your payment with the Student Financial Services Department to avoid being dropped from your courses or incurring late fees.

Section A: Completed by the Academic/Department Advisor

Student must only be enrolled in courses that are applicable to their degree.

_____Check here if student is appealing for not meeting Pace of Progression Requirement. Please click here to calculate the number of courses needed to meet the 67%

_____Check here if student is appealing for not meeting Cumulative GPA Requirement

_____Check here if student is appealing for not meeting the Two Year GPA Requirement

_____Check here if student is appealing for not meeting Maximum Time Frame

_____Check here if the student is not meeting Maximum Time Frame due to change of major

Student must only be enrolled in courses that are applicable to their degree.

_____Check here if student needs more than one term to meet SAP and provide the courses that they need according to each semester. **Note- If student has reached Maximum Time Frame Rule, you must check here and submit list of ALL courses necessary, according to semester until student is able graduate.**

_____Check here if student needs one semester to meet SAP and provide the list of courses that they need for the term.

Course Number	Course Name	Semester and Year	Grade Needed to meet SAP	Units
EDLD 745 (sample)	Educational Leadership (sample)	Fall 2021 (sample)	B or better (sample)	3 (sample)

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* _____

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:_____