



Student Financial Aid & Scholarships

SAPA80/10/50
Staff Initials _____

SATISFACTORY ACADEMIC PROGRESS ACADEMIC PLAN

Student "My Tri-C" ID Number S

Student **LAST** name (one letter or dash or space per box)

Student **FIRST** name

Student MI

Students whose federal financial aid eligibility has been disqualified due to **insufficient Grade Point Average (GPA), insufficient Completion Rate, exceeding the Maximum Timeframe or Cuyahoga Community College Graduate**, must submit this form along with *their Satisfactory Academic Progress Policy Appeal*.

Counselor Section: Expected Graduation (Term): _____ Year: _____ Current Major: _____

Reason for SAP Academic Plan: Insufficient GPA/Completion Rate Exceeding Max Timeframe Cuyahoga Community College Graduate/ 2nd Associates

Academic Plan outlined below according to student's major on file with the Enrollment Center/Registrar: **For Max-Time and Additional Degree appeals, students must be accepted into the program. If the student is in need of or required to take pre-requisites before being fully admitted into the program please identify those courses. Courses may not be included in the final calculation.**

Courses	Credits

Courses	Credits

Courses	Credits

Courses	Credits

Total credits needed to complete degree/program: _____ **Credits suggested for transfer:** _____

Your counselor must sign this form. The counselor's signature indicates that you were seen by a counselor during an appointment to review your academic plan toward graduation. Transfer courses can be included following graduation.

Counselor Printed Name: _____ Date: _____

Counselor Signature: _____ Ext: _____

Student Section: The student's signature below certifies that the student has assisted in the completion of, understands, and agrees with the Academic Plan as prescribed to earn an Associate Degree in the major as outlined above. **Make a copy for your records.**

Signature _____ Date: _____

