

Financial Aid and Scholarships Office Satisfactory Academic Progress (SAP) Appeal Undergraduate Students

Student Name:	Student ID:		
School or College:	Major(s)/Minor(s):		
DSP Certified Students Only: Have you been certified for a reduced course load?		□ Yes	□ No

Anticipated Completion Date [Term/Year]: ______

Proposed Program Completion TO BE COMPLETED BY YOUR COLLEGE/MAJOR ADVISOR

Beginning with the current term, indicate the number of units the student is required to complete in order to meet their Major, College and University graduation requirements. If college and major requirements are the same, complete only total units required column. *To assist us with any additional follow up, please initial any notes or comments added.*

Academic Term (fill in the year)	Major units required	College units required (other than major units)	Total units required	Enrolled Units	Advisor Notes and Comments (Plans for success, support structure, etc.)	Advisor Initials
Summer 20 (if planned)						
Fall 20						
Spring 20						
Summer 20 (if planned)						
Fall 20						
Spring 20						

Required Signature(s): By signing below, I certify that I met with the student and we developed an academic plan that will ensure both academic success and completion of graduation requirements within the semesters indicated above. I further certify that the student, to the best of my knowledge, has the capacity and ability to successfully meet these academic requirements each term.

Major Advisor(s) (required for declared L&S students)

Signature:	Date:
Print Name:	Phone:
College Advisor(s) (required for all students)	
Signature:	Date:
Print Name:	Phone:
DSP Advisor (required if DSP certified): I certify that I have reviewed this academic	plan and I am in agreement with this plan.

Date:			
Phone:			