Financial Aid & Scholarships
351 W University Blvd
Cedar City, UT 84720
(435) 586-7735
(435) 586-7736 (fax)

Academic Success Plan

Please print clearly

_____ _____ _____

T Number **Student's Last Name** **Student's First Name**

This form needs to be filled out if you will need more than one semester to regain good SAP standards. You must fill this form out with your academic advisor before you turn in the appeal. List the classes you plan to attend for the next year and the terms in which you plan to enroll. If your academic success plan is approved for more than one semester you must complete 100% of your courses with a 2.5 GPA or above each semester.

Course Name	Course Number	Credits	Term	Year	Grade

STUDENT CERTIFICATION STATEMENT – GPA AND PERCENTAGE HOURS EARNED:

- ☐ I have attached a letter of explanation that addresses the circumstances that prevented me from maintaining Satisfactory Academic Progress. I have also outlined how I will be able to meet the standards of Satisfactory Academic Progress for future semesters.
- ☐ I understand that during peak seasons, there may be a four week processing time for the request.
- ☐ I understand that I will be notified by mail of the final decision.
- ☐ I have completed the Academic Success Plan with my Academic Advisor.
- ☐ I certify that the above statements are true to the best of my knowledge.

Student's Signature:_____ **Date:**_____

ACADEMIC ADVISOR STATEMENT:

I have reviewed with the student the Academic Success Plan.

Academic Advisor Signature:_____ **Date:**_____

Print Name _____ **Phone Number and/or Email**_____