

Academic Success Plan

T Number

Student's Last Name

Student's First Name

Phone Number

You must fill this form out with your academic advisor before your appeal will be reviewed. **PLEASE MAKE AN APPOINTMENT with your advisor to fill out the form. Walk-ins may not be accepted.** List the classes you plan to attend for the next term (use your DegreeWorks audit for help).

Anticipated Graduation Date/Term: _____

Term & Year:	
Course	Credits

STUDENT CERTIFICATION STATEMENT:

- I understand that I must complete this form once for each semester that I am on financial aid suspension.
- 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.
- 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 understand that I must be enrolled in the listed courses for the upcoming semester before my appeal can be reviewed.
- I certify that the above statements are true to the best of my knowledge.

Student's Signature: _____

Date: _____

ACADEMIC ADVISOR STATEMENT:

I have reviewed this Academic Success Plan with the student.

Academic Advisor Signature: _____

Date: _____

Print Name _____ Phone or Email _____