

## Academic Success Plan

\_\_\_\_\_  
T Number

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
Phone Number

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: \_\_\_\_\_