



Academic Plan for Students on SAP

Student Name: _____ SID # _____

Advisor Name: _____

Number of credits needed to obtain Associate's/ Bachelor's/ Master's degree: _____

Anticipated graduation date: _____

SAP Term: _____

| Courses student must enroll in for upcoming term | Needed to graduate? (Y/N) | # of Credits |
|--|---------------------------|--------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

Comments: _____

By signing below you agree to adhere to this academic plan.
 You must remain enrolled and pass all courses listed on academic plan.
 If you do not meet the requirements of this academic plan by the end of the semester you
 will be placed on "Selfpay" and will not be eligible for Federal Financial Aid until you meet all SAP
 standards on your own financial terms.
 If at any time during the semester you feel that you will not meet the requirements of this academic
 plan please contact the SAP Coordinator in the Financial Aid office to review your account.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____