



Satisfactory Academic Progress Academic Plan

Student Name _____

Student ID _____

Students who did not meet minimum Satisfactory Academic Progress standards are required to submit and follow an Academic Plan. The Academic Plan must only include coursework that must be taken in order to earn the declared degree or certificate.

Failure to submit the Academic Plan to the Financial aid Office with the Satisfactory Academic Progress Appeal form will result in loss of eligibility for the following semester.

Reason(s) for Not Meeting SAP

☐ Below Minimum Cumulative Grade Point Average ☐ Below Minimum Completion Rate (less than 67%) ☐ Exceeds Maximum Time Frame

Student Acknowledgment

Initial below to acknowledge that you understand and agree to each statement.

_____ I am required to follow the Academic Plan in order to receive federal, state or institutional financial aid, if eligible.

_____ I must enroll in classes on the Academic Plan.

_____ I must maintain a 2.5 GPA while on the Academic Plan.

_____ I must complete 67% of courses attempted each term.

_____ My progress will be reviewed at the end of each semester. If I do not meet the terms of the Academic Plan, I will be suspended ineligible for financial aid.

_____ I have one opportunity to request a modification to the Academic Plan based on new extenuating circumstances if I do not meet the terms of the plan.

By signing this form, I certify that I have read the information listed above and understand the terms and conditions of the Financial Aid Appeal process. I also understand that failure to complete these requirements will result in the loss of my financial aid.

I hereby certify that all information contained in this appeal, including the personal statement and supporting documentation, is true and complete to the best of my knowledge.

Student's Signature _____

Date _____



Student Name _____

Student ID _____

SAP Academic Plan

The Academic Plan must be completed by an Academic Advisor.

Instructions for the Academic Advisor: Complete the Academic Plan section and the Degree/Program Planning Worksheet based on the student's declared degree-seeking program at South Piedmont Community College. Do not include hours needed to complete a secondary program of study. Do include currently enrolled credit hours.

Program of Study: _____

DEGREE PLANNING WORKSHEET					
CLASS	CREDIT HOURS/SEMESTER			CLASS	CREDIT HOURS/SEMESTER

CERTIFICATION

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information in connection with my application for financial aid, I may be subject to disciplinary action from the college.

Student's Signature _____

Date _____

Advisor Name _____

Date _____

Advisor's Signature _____

Date _____