Graduate Students Satisfactory Academic Progress Academic Plan

Federal Regulations require Southern Connecticut State University to establish, publish and apply standards of Satisfactory Academic Progress (SAP) for financial aid eligibility. In order to comply with Federal Regulations, this Academic Plan must be utilized when it has been determined that a student who is appealing their SAP status will take longer than one semester (payment period) to meet progress standards. The SAP Committee may also develop an Academic Plan with a student on a case-by-case basis.

As a student seeking an appeal, I understand that if an appeal is granted that I am required to do the following:

1. I will earn a minimum Grade Point Average in correlation to the number of attempted credits.
2. I will not withdraw from courses listed on this academic plan.
3. I will receive a grade of B or better for each course I take. I understand that incompletes are not allowed.
4. I will enroll in no more courses than what is recommended in this academic plan.
5. I will adhere to any additional requirements that is recommended in this academic plan as listed below.

Semester:	Credits:	Semester:	Credits:

To be completed by an Academic Advisor (check and complete any and all that apply):

□ It is recommended that the student only take _____ number of credits per semester.

□ The student will meet with me at least _____ times during the semester. Documentation of meetings will be noted in the student's file and will be shared with the SAP Committee to determine if the student is complying with this requirement.

□ The student will seek tutoring for the following courses: _____

□ Other: _____

I understand that if my appeal is approved, I will adhere to the above academic plan. I understand that failure to follow this academic plan will result in cancellation of financial aid from Southern CT State University for the next semester. After the semester has ended, I understand that my transcript will be reviewed to determine if I have fulfilled the terms of this academic plan to determine whether I may continue to receive financial aid.

_____ _____ _____

Student Signature Printed Name Date

_____ _____ _____

Academic Advisor Printed Name Date

Office Use: It has been determined that following this academic plan will allow the student to meet Satisfactory Academic Progress after the _____, 20____ semester. SCSU Representative Initials: _____