

STUDENT'S NAME: _____

STUDENT ID #: _____

Semester requesting to have financial aid reinstated: *(select only one)*

Fall 20_____

Spring 20_____

Summer 20_____

The student named above is currently on Financial Aid Suspension for GPA/PACE issues and is filing an appeal with Financial Aid & Veterans Services regarding his/her Satisfactory Academic Progress (SAP) status. The academic evaluation below is needed for the semester indicated above before the SAP Appeals Committee can make a decision regarding the student's eligibility.

Please discuss with the student strategies he/she may use to improve academic standing in the future and complete the information below. **The student is responsible for returning this completed form to the Financial Aid Office.**

ACADEMIC ADVISOR'S NAME *(please print)*

ACADEMIC DEPARTMENT

ADVISOR'S STATEMENT OF FACTS

Student's Primary Major: _____ Catalog of Record _____ Expected Graduation Date _____

If the student currently has a secondary major, please list it here: _____

A) Total Hours Required for **Primary Major** *(per catalog)* _____

B) Total **Hours Earned** towards Primary Major *(including transfer credits)* _____

C) Total **Hours Remaining** to complete Primary Major (A – B) _____

COURSES RECOMMENDED FOR THE CURRENT AND/OR UPCOMING SEMESTER

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

RECOMMENDED STRATEGIES TO IMPROVE ACADEMIC STANDING *(may include utilizing specific resources)*

ADVISOR'S SIGNATURE: _____

DATE: _____

STUDENT'S SIGNATURE: _____

DATE: _____

The student is responsible for returning this completed form to the Financial Aid Office to complete his/her appeal packet.

STUDENT'S NAME: _____

STUDENT ID #: _____

Semester requesting to have financial aid reinstated: *(select only one)*

Fall 20_____

Spring 20_____

Summer 20_____

The student named above is currently ineligible for Financial Aid and is filing an appeal with Financial Aid & Veterans Services for a reassessment of the 150% maximum time frame allowed to complete his/her program. The academic evaluation below is needed for the semester indicated above before the SAP Appeals Committee can make a decision regarding the student's eligibility.

Please discuss with the student strategies he/she may use to complete his/her current program and enter the information requested below. ***The student is responsible for returning the completed form to the Financial Aid Office.***

ACADEMIC ADVISOR'S NAME *(please print)*

ACADEMIC DEPARTMENT

ADVISOR'S STATEMENT OF FACTS

Student's Primary Major: _____ Catalog of Record _____ Expected Graduation Date _____

- A) Total **Hours Required** for **Primary Major** *(per catalog)* _____
- B) Total **Hours Attempted** for all programs *(including transfer credits)* _____
- C) **Total Hours Earned** towards **Primary Major** *(please ensure any required course substitutions have been processed)* _____
- D) Attempted Hours **Not Applied** towards Primary Major (B – C) _____
- E) Total **Hours Remaining to Complete** Primary Major (A – C) _____

COURSE PLAN

Establish a plan that will allow the student to most quickly and efficiently complete his/her program requirements. You may fill in the template below or attach a signed official course plan.

TERM: _____	TERM: _____	TERM: _____
COURSE	HOURS	COURSE
1) _____	_____	1) _____
2) _____	_____	2) _____
3) _____	_____	3) _____
4) _____	_____	4) _____
5) _____	_____	5) _____
6) _____	_____	6) _____

ADVISOR'S SIGNATURE: _____

DATE: _____

STUDENT'S SIGNATURE: _____

DATE: _____

The student is responsible for returning this completed form to the Financial Aid Office to complete his/her appeal packet.