



Johnson C. Smith University

Office of Financial Aid

SATISFACTORY ACADEMIC PROGRESS (SAP) ACADEMIC PLAN

Student Name

ID Number

Student Phone

Student Email

Academic Advisor Name

Academic Advisor Email

INSTRUCTIONS: Make an appointment to meet with your academic advisor after you have written your financial aid SAP appeal. Students enrolled in declared majors and pre-major status should meet with their department academic advisors.

Your academic advisor will help you formulate an academic plan detailing the classes you must take and the minimum GPA you must earn. The academic plan should cover as many semesters as necessary for you to either meet the SAP standards (2.0 GPA and 67% completion rate) or graduate from your degree program, whichever is earliest. **The minimum length for an academic plan is two semesters. You will need three copies of your academic plan: one for your academic advisor, one for the Financial Aid Office, and one for you to keep.**

The Financial Aid Office will review your progress to verify that you have fulfilled the terms of your academic plan each semester. If you have not followed your academic plan, you will be ineligible for financial aid and any aid you have been awarded may be revoked.

CURRENT STATUS

Current attempted credit hours: _____

Current completion rate _____
(earned ÷ attempted)

Current earned credit hours: _____

Current cumulative GPA _____



SEMESTER PLAN

Circle one: FALL SPRING SUMMER Year: _____

Course: Example: ENG102	Credits	Minimum Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cumulative GPA at the end of this semester: _____

Completion rate at the end of this semester (hours earned ÷ attempted hours): _____

SEMESTER PLAN

Circle one: FALL SPRING SUMMER Year: _____

Course: Example: ENG102	Credits	Minimum Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cumulative GPA at the end of this semester: _____

Completion rate at the end of this semester (hours earned ÷ attempted hours): _____

USE ADDITIONAL COPIES OF THIS PAGE IF NECESSARY



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ADDITIONAL COMMENTS FROM ACADEMIC ADVISOR (optional):

ADDITIONAL COMMENTS FROM STUDENT (optional):

ADVISOR'S STATEMENT: This student and I have discussed his/her academic progress and goals to formulate this academic plan. I believe this academic plan is attainable for this student and appropriate for progressing in his/her course of study.

Advisor's Signature

Date

STUDENT'S STATEMENT: I have discussed my academic progress with my academic advisor to formulate my academic plan. I agree that this academic plan is attainable for me and I agree to adhere to the terms of this academic plan. I understand that I must complete the requirements of this academic plan to receive financial aid. I understand that my financial aid will be revoked or denied if I do not complete the requirements of this academic plan.

If at any time I feel that I am in danger of not completing the requirements of this academic plan, I agree to contact my advisor and the Financial Aid Office to discuss my situation and options.

Student's Signature

Date