Satisfactory Academic Progress (SAP) Academic Plan

Effective March 1, 2013

(To be completed by student / academic advisor and accompany SAP Appeal Form)

Clearly PRINT or TYPE

Student's Name: _____SLU ID#:_____

Current Degree Major: _____Dual Major (if applicable):_____

Degree Minor (if applicable): _____ Expected Graduation Date: _____

Construct a plan of study for two semesters, or through the semester you expect to graduate (whichever is less), that will allow you to regain satisfactory academic progress. This plan must be completed and signed by you and your SLU Academic Advisor.

Beginning with the current semester (or your next planned period of enrollment if not currently enrolled), list the *semester* and *number of credit hours* you intend to enroll in. Include only credits for courses required to complete your SLU degree(s).

Semester #1 – circle one: Fall 1 Fall 2 / Spring 1 Spring 2 / Summer 1 Summer 2 20_____TOTAL Credits_____

Semester #2 – circle one: Fall 1 Fall 2 / Spring 1 Spring 2 / Summer 1 Summer 2 20_____TOTAL Credits_____

Academic Plan

If you cannot meet the satisfactory academic progress standard after one semester, create a plan that will allow you to meet the SAP standard at the completion of two semesters. Courses listed must be required to complete degree. List GPA needed to meet the minimum GPA requirement (if cited for GPA deficiency).

For successful completion deficiency (not meeting the 67% rule):

Total number of attempted credit hours (include transfer credit) toward your degree: _____

Total number of earned credit hours toward your degree: _____

Total attempted hours x 67% = _____ minus earned hours = _____

Course Number	Course Title	Credit Hours	GPA

For maximum time-frame deficiency:

Total number of SLU credit hours earned applicable toward current degree program: _____

Total number of credit hours remaining to complete current degree program: _____

Can student complete their degree program with these additional credit hours? Y___N___

(*180 credit hours for undergraduate programs, 54 credit hours for graduate programs, 58 credit hours for ED.S program)*

Academic Advisor's Endorsement: This plan of study has been reviewed and discussed with the student.

A copy of this plan will be maintained in the student's academic file for future reference.

Advisor Comments: _____

_____

Academic Advisor's Signature: _____Name (Print):_____

Academic Department / Center Location: _____

Date: _____Phone: _____

Student Acknowledgement: I have discussed this academic plan with my advisor and I understand if I fail to follow the academic plan as instructed, I may lose eligibility for federal financial aid; my awards will be cancelled, and may result in a balance owed to the University which will be my responsibility.

Student's Signature: _____Date: _____

Please return to:

Saint Leo University
Financial Aid Office

Email: finaid@saintleo.edu
Fax: (866) 708-7770

Along with your SAP appeal form