

Satisfactory Academic Progress Academic Plan

Student name: _____

Student ID: _____

Anticipated Graduation date: _____

Term: _____ Total hours: _____

Course #	Course Title	Credit hours

Term: _____ Total hours: _____

Course #	Course Title	Credit hours

Term: _____ Total hours: _____

Course #	Course Title	Credit hours

Term: _____ Total hours: _____

Course #	Course Title	Credit hours

By signing below, we (the advisor and student) agree that the courses described above are necessary to graduate and when they will be taken. I (the student) understand that if approved, I will not deviate from this academic plan without prior approval so that I may continue receiving financial aid from semester to semester.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____