



Office of Financial Aid

Central Washington University

SATISFACTORY ACADEMIC PROGRESS (SAP) ACADEMIC PLAN

Student Name _____

ID Number _____

Student Phone _____

Student Email _____

Academic Advisor Name _____

Academic Advisor Signature _____

INSTRUCTIONS: Make an appointment to meet with your academic advisor after you have written your financial aid SAP appeal. If you are not in the area, your academic advisor may be able to discuss your academic plan with you via email or telephone.

Your academic advisor will help you formulate an academic plan detailing the classes you must take and the minimum grades you must earn. The academic plan must start with the quarter for which you are appealing. The academic plan should cover as many quarters as necessary for you to either meet the Federal, State and/or Institutional SAP standard or graduate from your degree program, whichever is earliest. **The minimum length for an academic plan is two quarters. 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. 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.

Note to Advisors: View the student's current status using the query: CWFA_SAP_VIEW_B

CURRENT STATUS

Current attempted credit hours: _____

Current completion rate: _____
(completed ÷ attempted)

Current earned credit hours: _____

Current cumulative GPA: _____

QUARTER PLAN

Circle one: FALL WINTER SPRING SUMMER Year: _____

Course Example: ENGL 101	Credits	Expected Grade	Are you repeating this course? (Yes/No)	Previous Term	Previous Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

USE ADDITIONAL COPIES OF THIS PAGE IF NECESSARY

ADDITIONAL COMMENTS FROM ACADEMIC ADVISOR (optional):

ADDITIONAL COMMENTS FROM STUDENT (optional):

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 academic advisor and the Financial Aid Office to discuss my situation and options.

Student's Signature

Date