

2017-18
Satisfactory Academic Progress (SAP)
ADVISOR Form



Name _____ Campus ID # _____
Last First

This student did not meet the minimum requirements to maintain [Satisfactory Academic Progress \(SAP\)](#) and they are appealing for reinstatement of financial aid. Please review the student's SAP Appeal Letter, complete this form, and return it to the Office of Student Financial Aid.

Student's major: _____ Credits needed*: _____

Second major, if applicable: _____ Credits needed*: _____

Anticipated graduation date: _____

*Credits needed should include the number of degree requirement credits the student has remaining in order to complete their degree (include current enrollment).

Indicate below your assessment of the student's ability to progress towards their degree. It is important that the student is aware of minimum academic standards and has an academic plan to ensure a successful future.

Can the student reasonably progress in their desired major and graduate by the date above?

Will minimum major GPA, progression of classes, or other factors be an issue?

What recommendations were discussed with the student to improve their academic performance? (Tutoring, study groups, course load, personal counseling, etc.)

If there is anything else we should know about this student please attach additional information.

Advisor Signature

Date

Printed Name

Email

Phone Number