

Request to Revise Academic Plan – Undergraduate & Graduate Students

Student Information

Student's Name _____ Student ID Number _____

You previously submitted an academic plan as part of your appeal to receive financial aid. This appeal was approved and allows you to receive aid on a probationary status. If you have determined a necessary change to your academic plan, you must appeal to change your academic plan. Fill out the sections below to allow us to review any impact changing your academic plan could have on your ability to meet Satisfactory Academic Progress (SAP) standards.

Academic Plan (to be filled out by the student with the help of an academic advisor)

For our purposes, course completion rates and cumulative GPAs are determined from the **Advisor's Transcript (not Official)**.

What is your Program(s) of Study (Degree, major, minor): _____

List the published length of your program in credit hours: _____ How many credit hours remaining to graduate: _____

List your current GPA _____ Current Earned Hours _____ and Current Attempted Hours _____

Calculate your current Course Completion Rate (Earned Hours divided by Attempted Hours) _____

Answer below how many total hours will you take between now and the end of our next spring semester?

Identify how many of those hours will be repeated coursework in which you previously received a failing grade?

Summer 2023 # of Repeated Failed Hours _____ Total # of Hours (including repeats) _____

Fall 2023 # of Repeated Failed Hours _____ Total # of Hours (including repeats) _____

Spring 2024 # of Repeated Failed Hours _____ Total # of Hours (including repeats) _____

Request to Revise Academic Plan (to be filled out by the student)

This section is to be completed if you previously completed an academic plan that demonstrated how you would be successful in reaching Satisfactory Academic Progress Standards, and having had the Financial Aid Committee agree with and approve your plan, you now wish to revise your plan. You must explain what has happened to make the change necessary and how you will still make academic progress (attach a separate letter if more space is needed): _____

Certifications

Student: I have met with my advisor and agree to the academic plan on this form. By successfully following it, I understand how well I must perform in each course to meet my academic goals by the end of next spring. The plan does not guarantee my success in cases where I do not receive the best grade possible.

Student's Signature _____ Date _____

- Advisor:** The academic plan above has the potential to help the student attain the required GPA and completion percentage by the end of the next spring semester.
- The student can successfully complete their academic program(s) before having attempted more than 1.5 times the published length of their program(s).* (Ex. A student whose degree requires 120 hours to graduate must be able to finish before they attempt 180 hours, or 1.5 times the 120 hours published for their program(s).)

*If this is not possible, the Time frame for Degree Completion form must also be completed.

Advisor's Signature _____ Date _____

Additional copies of appeal forms are available at www.mobap.edu/financial-aid/forms