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

<table>
<thead>
<tr>
<th>Quarter</th>
<th># of Repeated Failed Hours</th>
<th>Total # of Hours (including repeats)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring Quarter 2021</td>
<td>________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>Summer Quarter 2021</td>
<td>________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>Fall Quarter 2021</td>
<td>________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>Winter Quarter 2022</td>
<td>________________________</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

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 winter quarter. 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 winter quarter.

□ 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 36 hours to graduate must be able to finish before they attempt 54 hours, or 1.5 times the 36 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