ACADEMIC PLAN FORM

Section A: To be completed by the Student

Name:	SUID:
Student's Phone Number:	Student Email:
Major:	Academic Advisor/Assoc. Dean:

Note: If your Academic Advisor is not available to complete this Academic Plan, please contact the Associate Academic Dean for your College of Study as listed here.

College of Study	Associate Academic Dean	Contact Number
College of Arts and Sciences	Dr. James Delle – 222 Dauphin	717-477-1151
College of Education and Human Services	Dr. Nellie Cyr – 360 Shippen	717-477-1141
John L. Grove College of Business	Dr. Tony Winter – 130 Grove	717-477-1435
Office for Exploratory Studies	Denise Yarwood – 122 Horton	717-477-1395

Section B: To be completed by the Academic Advisor/Associate Dean

Note to Academic Advisor and Student: Please consider the following when preparing your academic plan.
To be meeting SAP requirements students must:

- ✓ Earned credits must be at least 67% of attempted credits for all terms (use cumulative).
- ✓ Maintain a 2.0 cumulative GPA (or a 1.7 cum GPA if a freshman; 3.0 if a graduate student)

First Semester & Year of Plan:	
# of credits required to earn this term:	GPA student is required to earn this term:

Second Semester & Year of Plan:	
# of credits required to earn this term:	GPA student is required to earn this term:

Third Semester & Year of Plan:	
# of credits required to earn this term:	GPA student is required to earn this term:

Fourth Semester & Year of Plan:	
# of credits required to earn this term:	GPA student is required to earn this term:

Date Academic Plan Completed:	Signature of Assoc. Academic Dean or Academic Advisor:

To the Student: Once Sections A and B are complete, please read and sign Section C. When complete, please submit this form to the Financial Aid Office located in Old Main Room 101. Thank you.

My signature below indicates that:

(1) I have reviewed this plan with my Academic Advisor and I fully understand the academic plan as it is detailed on this form;
(2) The Financial Aid Office will make a final determination as to whether this academic plan brings me back into compliance for federal aid eligibility and will make revisions to the plan as required;
(3) I understand that I must meet the minimum requirements for each term as outlined in this academic plan or regain compliance with all components of the University's SAP policy to be eligible for federal financial aid funding in future semesters;
(4) Any changes to this plan must be approved by a representative from the Financial Aid Office;
(5) I have received a copy of this plan.

Student's Signature: Date:

Section C: To be completed by the Financial Aid Office

Probation Terms Covered on this Plan:		
FAO DECISION:	FAO Signature:	
SAP CHECK AFTER COMPLETION OF PROBATIONARY TERM ONE		
Total Credits Earned:	Total Credits Attempted:	PACE:
Cumulative GPA:	Max Time Frame:	
SAP CHECK AFTER COMPLETION OF PROBATIONARY TERM TWO		
Total Credits Earned:	Total Credits Attempted:	PACE:
Cumulative GPA:	Max Time Frame:	
SAP CHECK AFTER COMPLETION OF PROBATIONARY TERM THREE		
Total Credits Earned:	Total Credits Attempted:	PACE:
Cumulative GPA:	Max Time Frame:	
SAP CHECK AFTER COMPLETION OF PROBATIONARY TERM FOUR		
Total Credits Earned:	Total Credits Attempted:	PACE:
Cumulative GPA:	Max Time Frame:	
FAO NOTES:		