SHIPPENSBURG UNIVERSITY FINANCIAL AID OFFICE

Academic Plan Form for Financial Aid

This form is required of all students who have successfully appealed the loss of federal financial aid and require more than one term to be in compliance with ALL components of Shippensburg University's Satisfactory Academic Progress (SAP) policy. The complete policy and student procedures can found online at http://www.ship.edu/Financial_Aid/SAP/.

Name:			SUID:
Anticipated Graduation Date (Month/Year):			
Term of Appeal: ***Deadline:***	FALL ***September 28***	SPRING ***February 28***	SUMMER ***June 22***

Student: Please work with your academic advisor to plan the courses you will be taking. If your advisor is not available contact your Academic Dean's Office for your college of study. (Exploratory Studies, College of Arts & Sciences, College of Education & Human Services, or the College of Business).

Advisor: Please review the coursework information provided by the student in the box below. All courses must fulfill a requirement toward this student's program of study. Sign and date form.

Academic Plan for Coursework required to meet SAP requirements			
Semester	Year	Total Number of Credits that must be earned	List any courses that student will repeat for the term
EX: SUMMER	*2020*	*6*	*Repeat F grade – ENG 250*

Name: _____ SUID: _____

Student: If your cumulative GPA is below 2.0, please complete 'My plan to improve my cumulative GPA' using the GPA calculator through myDegreeAudit.

My plan to improve my cumulative GPA			
Semester	Year	Semester GPA Required	Expected Overall GPA at Semester Completion
EX: SUMMER	*2020*	*2.00*	*1.50*

Student: Please initial each statement, then sign below to affirm your agreement and understanding to the following -

____ I have reviewed this plan, including my course load each semester, with my academic advisor and I fully understand the academic plan as it is detailed on this form.

____ I will utilize services provided at the Learning Center for academic support and/or the student support services provided by Shippensburg University as needed (i.e., Counseling Center, Office of Accessibility Resources, Academic Advising, Student Athlete Support Services, Writing Center).

____ 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) or I will lose eligibility for federal financial aid in future semesters. This includes no withdrawals, incompletes, drops and failing grades.

____ If I fail to meet the terms of my academic plan and lose eligibility for financial aid, I understand that I cannot make another appeal for the same reason or of the same nature.

____ Changes to any future terms of this plan must be approved by the Financial Aid Office.

_____
Student's Signature Date

_____ _____
Advisor's Signature Date Title

_____ _____
Department Telephone Number

Complete this form and return it to the Financial Aid Office at: FINAID-SAP@SHIP.EDU

All appeal forms are required to be sent from your SHIP e-mail.

If you have any questions please call the office at (717) 477-1131 or email finaid-sap@ship.edu.