



Student Name \_\_\_\_\_ University ID \_\_\_\_\_

### Satisfactory Academic Progress Advisor Form

This student is pursuing an appeal through the Office of Financial Aid regarding his/her academic progress. In order to review their appeal we request the following information from you:

**Academic Plan**

List or print schedule of recommended courses the student will be taking next semester.

**OR**

**Degree Plan** (if student is within 2 semesters of graduation)

List or print courses remaining in the program and anticipated graduation date.

**Advisor Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Advisor