

Student Name _____ University ID _____

Satisfactory Academic Progress Advisor Form

****Student must meet with an Academic Advisor to have this page completed.**

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