

Muskingum University

Satisfactory Academic Progress Academic Plan Form for Graduate Students

Student's Name: _____	Phone Number: _____
ID Number: _____	Muskingum E-Mail: _____

Student: You must complete this form with your academic advisor. You and your advisor must sign this form before it is submitted to Student Financial Services. We encourage you to be realistic when planning the number of credits you will complete each semester. *Failure to meet the stated plan at any point after an appeal has been approved will result in suspension of financial aid eligibility.*

Academic Advisor: The student whose name appears on this form is currently pursuing an appeal with the Student Financial Services Office regarding his or her Satisfactory Academic Progress status. In order for the student's appeal to be reviewed, we need you to help the student complete this form. This form will need to be returned to Student Financial Services.

Has the student declared a program of study? Yes No

If yes, what is the student's current program? _____

What is the student's anticipated completion date? _____

Number of semesters/credits needed to complete plan of study: _____

Schedule for remaining coursework:

On the back of this form please indicate the number of credits the student should attempt each semester and the type of courses the student should take. The plan should consist of a minimum of at least two semesters or, if possible, to graduation. When the plan has been completed and the student is not meeting SAP, and is still enrolled, then the student may need a new plan developed each year. It is important that student understands that they must successfully complete each course in order to maintain eligibility.

Remaining Coursework:

Semester:	Semester:	Semester:	Semester:	Semester:	Semester:

Tern:	Semester:	Semester:	Semester:	Semester:	Semester:

Advisors Name (Please Print): _____

Signature: _____

Student's Signature: _____

Date: _____