

**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/](http://www.ship.edu/Financial_Aid/SAP/).

Name:	SUID:		
Anticipated Graduation Date:			
Term of Appeal:	FALL	SPRING	SUMMER
<b>Deadline:</b>	<b>September 28</b>	<b>February 28</b>	<b>June 22</b>

**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 or Financial Aid Office in the boxes below. All courses must fulfill a requirement toward this student's program of study. Sign and date form.

**NOTE:** In an effort to assist in the process of creating an academic plan, the Financial Aid Office may help and provide a best estimate with the academic plan when reviewing for financial aid eligibility.

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
<i>EX: SUMMER</i>	<i>2020</i>	<i>6</i>	<i>Repeat F grade - ENG 250</i>

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 myDegree Audit.

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

**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 upload to <https://ship.studentforms.com/>  
If you have any questions please call the office at (717) 477-1131 or email [finaid-sap@ship.edu](mailto:finaid-sap@ship.edu).