Keene STATE COLLEGE Wisdom to make a difference.

SAP ACADEMIC PLAN

Student Name: _____ Student ID: _____

Federal Regulations require KSC to establish, publish and apply standards of Satisfactory Academic Progress (SAP) for financial aid eligibility. This worksheet is to be used for planning of the student's program towards graduation and in estimating the number of credits completed for the purpose of determining eligibility. Additional information regarding Satisfactory Academic Progress requirements can be found at www.keene.edu/admissions/aid/understanding/conditions.
As a student seeking an appeal, I understand that if an appeal is granted for the upcoming semester, I am required to do the following:

1. I will earn a minimum Grade Point Average in correlation to the number of attempted credits.
2. I will not withdraw from courses listed on this academic plan.
3. I will receive a grade for each course I take. I understand that incompletes are not allowed.
4. I will enroll in no more courses than what is recommended from my Academic Advisor for the semester including:

The Director of the KSC Academic and Career Advising Center and I have discussed the following strategies for the upcoming semester:

1. Courses I will repeat this upcoming semester in order to improve my GPA: _____
2. Topics for which I'll seek tutoring: _____
3. I will meet with _____each month during the semester to discuss my academic progress. I will provide a written self-assessment of my progress in my classes including test scores, upcoming exams, workload and attendance.
4. I will visit _____by _____ for the first monthly meeting, and I will meet once per month and other times as necessary. It is my responsibility to make and commit to these monthly meetings.

I understand that I must submit a **signed** SAP Academic Plan. I understand that failure to follow this SAP Academic Plan may result in cancellation of financial aid from the college and that this plan is valid for one semester only. After the semester has ended, I understand that my transcript will be reviewed to determine if I have fulfilled the terms of this SAP Academic Plan and whether I may continue to receive financial aid.

_____ _____ _____
Student Signature Printed Name Date

_____ _____
Representative from ACA or Aspire Program Date

Please return the completed and signed SAP Academic Plan, along with a copy of your program evaluation worksheet form to the Financial Aid Office in Elliot Hall.

TERMS:		TERMS:	
COURSES:	CREDITS:	COURSES:	CREDITS: