

**2023-2024
SATISFACTORY ACADEMIC PROGRESS (SAP)
ACADEMIC PLAN**

TO: CCNY Federal Financial Aid Appeals Committee, A-104

FROM: _____
Academic Advisor* (Print) *Division*

RE: _____, _____
Student's Last Name (Print) First Name M.

Last 4 digits of SSN

DATE: _____ **EMPLID #:**

**All SEEK students must first see a SEEK counselor in NAC 5/226 to initiate this process.*

CURRENT ACADEMIC STATUS

Current GPA: _____ **Number of terms completed at CCNY:** _____

Current Major: _____ **Number of credits needed to complete major:** _____

REASON FOR SUSPENSION OF FEDERAL AID

- GPA Below the Required Minimum
- Unsatisfactory Academic Progress: Total Credits _____ Attempted Credits _____

PRESCRIBED ACADEMIC PLAN

(Attach student narrative and supporting documentation. Where applicable, attach the letter of reinstatement from the Office of Academic Standards.)

<input type="checkbox"/> Fall 2023	<input type="checkbox"/> Spring 2024																				
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Course/Credits</td> <td style="width: 50%;">Req'd Grade</td> </tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table>	Course/Credits	Req'd Grade	_____	_____	_____	_____	_____	_____	_____	_____	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Course/Credits</td> <td style="width: 50%;">Req'd Grade</td> </tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table>	Course/Credits	Req'd Grade	_____	_____	_____	_____	_____	_____	_____	_____
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Maximum credits _____ Required term GPA _____ Required QPA** _____	Maximum credits _____ Required term GPA _____ Required QPA** _____																				

****Grove School of Engineering**

- Mandatory Tutoring** (Indicate Center/s) _____
- Resolve INC/FIN** _____
- Repeat Course/s** _____
- "F" Policy: Course/s** _____ **Term** _____
- Mid-Term Progress Review (date)** _____
- End-Term Progress Review (date)** _____

ADVISOR COMMENTS

Academic Advisor _____
(Signature)

STATEMENT OF AGREEMENT

I have read and agree to follow the above academic plan, developed in consultation with an academic advisor, in order to be considered for reinstatement of federal financial aid. I understand that failure to adhere to this plan, will result in the loss of my federal financial aid in the following term.

Student's Signature _____
Date

CCNY E-Mail _____ **Phone #** _____

END-TERM ACADEMIC PROGRESS REVIEW

Review Date _____

Academic Plan Conditions **Met** **Not met**

Comments

Academic Advisor _____
(Print name)(Signature)

NOTICE TO ADVISORS

1. The student must be provided with a copy of this Academic Plan.
2. Once completed, the student must submit their Academic Plan via their Student Forms account.
3. Each advising unit must maintain a copy of this Academic Plan and all supporting documentation including additional evidence of compliance, such as attendance at the Writing Center for additional reporting.