of	ty College New York Aid Office	2025-2026 SATISFACTORY ACADEMIC PROGRESS (SAP) ACADEMIC PLAN				
то:	CCNY Federal Finar	ncial Aid A	ppeals Com	nmittee, A-104		
FROM:						
RE:	Academic Advisor* (Print)				Division	
	Student's Last Name (Print) First		First Nan	ame M.		
DATE:			E	EMPLID #:		
*All SEE	K students must first	t see a SEE	K counselor	r in NAC 5/226 to	initiate this pro	ocess.
		CURREN	IT ACADEM	IIC STATUS		
Current GPA:				nber of terms co	mpleted at CC	NY:
Current	Major:		Nun	nber of credits n	eeded to comp	lete major:
	PA Below the Requi	red Minim	num	E NSION OF FEDE Tredits		Credits
		P	RESCRIBED	ACADEMIC PLA	N	
-	tudent narrative and su Academic Standards.)					of reinstatement from the
Fall 2025				Spring 202	<u>6</u>	
		eq'd Grade	2	Course/Credit		Req'd Grade
			- - -			
Maximum credits				Maximum credits		
Required term GPA Required QPA**				Required term GPA Required QPA**		
	e School of Engineer			- over		

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)					
Г	ADVISOR COMMENTS				
Academic Advisor					
	(Signature)				
	STATEMENT OF AGREEMENT				
an academic advisor, in order to be c	above academic plan, developed in consultation with considered for reinstatement of federal financial aid. o this plan, will result in the loss of my federal financial				
Student's Signature	Date				
CCNY E-Mail	Phone #				
END-TERM ACADEMIC PROGRESS REVIEW Review Date: Academic Plan Conditions Academic Plan Con					
Academic Advisor(Print nam	ne) (Signature)				
	their Academic Plan via their Student Forms account. this Academic Plan and all supporting documentation including additional evidence				