

2025-2026
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.

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.)

☐ Fall 2025

Course/Credits Req'd Grade

_____	_____
_____	_____
_____	_____

Maximum credits _____

Required term GPA _____

Required QPA** _____

☐ Spring 2026

Course/Credits Req'd Grade

_____	_____
_____	_____
_____	_____

Maximum credits _____

Required term GPA _____

Required QPA** _____

**Grove School of Engineering

☐ **End-Term Progress Review (date)** _____

Phone # _____

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SAP Academic Plan 07/11/2025