The City College of New York

2026-2027
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 _____

Please select semester for Academic Plan

☐ **Summer 2026** ☐ **Fall 2026** ☐ **Spring 2027**

Course/Credits

_____
_____
_____
_____

Maximum credits_____

Required term GPA_____

-- 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)** _____

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 #** _____

Academic Advisor _____ _____
(Print name) (Signature)

NOTICE TO ADVISORS

1. **The student must be provided with a copy of this Academic Plan.**
2. **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.**