Financial Aid and Scholarships Office  
Satisfactory Academic Progress (SAP) Appeal  
Undergraduate Students

Student Name: ________________________________  Student ID: ________________________________

School or College: ________________________________  Major(s)/Minor(s): ________________________________

DSP Certified Students Only: Have you been certified for a reduced course load?  ☐ Yes  ☐ No

Anticipated Completion Date [Term/Year]: ____________

**Proposed Program Completion TO BE COMPLETED BY YOUR COLLEGE/MAJOR ADVISOR**

Beginning with the current term, indicate the number of units the student is required to complete in order to meet their Major, College and University graduation requirements. If college and major requirements are the same, complete only total units required column. To assist us with any additional follow up, please initial any notes or comments added.

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<tr>
<th>Academic Term (fill in the year)</th>
<th>Major units required</th>
<th>College units required (other than major units)</th>
<th>Total units required</th>
<th>Enrolled Units</th>
<th>Advisor Notes and Comments (Plans for success, support structure, etc.)</th>
<th>Advisor Initials</th>
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**Required Signature(s):** By signing below, I certify that I met with the student and we developed an academic plan that will ensure both academic success and completion of graduation requirements within the semesters indicated above. I further certify that the student, to the best of my knowledge, has the capacity and ability to successfully meet these academic requirements each term.

**Major Advisor(s) (required for declared L&S students)**

Signature: ________________________________  Date: ____________________________  
Print Name: ________________________________  Phone: ____________________________

**College Advisor(s) (required for all students)**

Signature: ________________________________  Date: ____________________________  
Print Name: ________________________________  Phone: ____________________________

**DSP Advisor (required if DSP certified): I certify that I have reviewed this academic plan and I am in agreement with this plan.**

Signature: ________________________________  Date: ____________________________  
Print Name: ________________________________  Phone: ____________________________