



Satisfactory Academic Progress Appeal Degree Completion Plan

STUDENT NAME (print): _____ **UHC ID:** _____

In order to be granted an appeal, you must first meet with your Academic Advisor to develop a Degree Completion Plan.

Your Degree Completion Plan –As part of the appeal, a student must document extenuating circumstances that prevented him or her from meeting the requirements, as well as develop and agree to an Academic Plan leading to graduation. Complete the plan below and meet with your academic advisor, so that you can agree on the specific steps and performance needed to complete your degree or certificate. Please note that these must meet the Satisfactory Academic Progress standards.

Identify the semester for which you are submitting this plan: Fall 20____ Spring 20____ Summer 20____

ACADEMIC PLAN PROJECTION (Completed by your academic advisor)	
Your Current Overall GPA _____ Major _____	Total Credits Earned (include transfer earned) _____
In the next semester, you must earn this number of credits _____	
In the semester(s) below, you must earn this GPA as indicated? Minimum 2.0	

With your academic advisor, construct a plan of study for three semesters or through the semester you expect to graduate (whichever is less). Beginning with the current semester (or your next planned period of enrollment if not currently enrolled), list the SEMESTER, THE COURSE, COURSE NUMBER, AND CREDITS.

Only include credits for courses that are necessary for proper academic progress toward completing your degree(s).

Semester and Year: _____		Semester and Year: _____		Semester and Year: _____	
Course	Credit Hours	Course	Credit Hours	Course	Credit Hours
Minimum Term GPA: _____		Minimum Term GPA: _____		Minimum Term GPA: _____	

I have discussed the above terms and degree completion plan with the student, so that the student can meet the Satisfactory Academic Progress (SAP) standards to maintain his/her financial aid eligibility toward the major the student is pursuing.

Academic Advisor’s Signature: _____

Academic Advisor’s Printed Name: _____ **Date:** _____

Acknowledgement-I certify that the information on this form and any attachments is complete and accurate. I understand that I am responsible for meeting any payment deadlines while waiting for an appeal decision. I

understand that approval of my appeal is not guaranteed. I understand that if my appeal is approved, my academic progress will be reviewed each semester and my failure to meet the conditions of my approved appeal will result in the loss of my future financial aid. If my appeal is approved for one term, I understand that the College must compare my new grades to my academic plan to measure my success. I understand that if I did not meet the terms of the appeal, I will not be eligible to receive financial aid. If I have registered for classes and cannot afford the classes, I should withdraw from the classes I cannot afford, or make arrangements with the Office of the Bursar to pay my tuition. I understand that a second appeal will not be granted.

Student's Signature: _____ **Date:** _____

Return form to:

Office of Financial Aid, University of Holy Cross
4123 Woodland Dr.
New Orleans, LA 70131

-Or-

FAX: (504) 394-1237

E-Mail: finaid@uhcno.edu