



2024-2025 Satisfactory Academic Progress (SAP) Appeal - Academic Plan

| ast Name | | First Name | Coyote ID | | |
|--------------------------|---|--|--|---|--|
| Current Major_ | | Pł | none Number (include area code) | | |
| irade Level: | ☐ Undergraduate ☐ Gradua | te/Masters | Credential ☐ Post-Bac/2nd Bachelor's ☐ | Ed Doc | |
| | | n Academic Plan is needed t mic Plan must be completed | for excessive unit appeals. by the Academic Advisor, not by the student, | | |
| | Academic Advisors may att | ach a separate sheet of pape | r to this form for additional classes needed per t | erm. | |
| Fall 20 | Required Courses | Units Sur | nmer 20 Required Courses | Units | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Spring 20 | Required Courses | Units | This box must be completed by Academic Advisor: | | |
| | | | TOTAL Additional Units needed for Gradu | ation: | |
| | | | | | |
| | | | Minimum GPA per term needed to meet CSUSR S | SAP standards: | |
| | | 1 | Minimum GPA per term needed to meet CSUSB S | | |
| | | | Minimum GPA per term needed to meet CSUSB S Expected Term of Graduation (Program C | | |
| | | | | Completion): Term: | |
| unc wis aid | derstand that my complete appe h to be considered for aid reinst | the remaining required cours al documents must be sub atement. If the appeal is s | Expected Term of Graduation (Program C | Completion): Term: Spring 2025 eral education/major). of the term in which onsidered for possibl | |
| unc wis aid 202 | derstand that my complete appe h to be considered for aid reinst reinstatement for the current to | the remaining required cours al documents must be sub atement. If the appeal is s erm. Fall 2024 deadline: No | Expected Term of Graduation (Program Completion of degree requirements (general mitted no later than 21 days from the endubmitted after, it will not be reviewed or convember 24, 2024, Spring 2025 deadline: Approximately approx | Completion): Term: Spring 2025 eral education/major). of the term in which onsidered for possible oril 26, 2025, Summe | |

Return To: 5500 University Parkway UH 150 San Bernardino, CA 92407

Tel: (909) 537-5227 Fax: (909) 537-7024





| Advisor's Signature: | |
|--|----|
| Ph#/email | |
| NOTE: Signature must be from an academic advisor, faculty, or department chair. Signature from Pee | ٩r |
| Advisor will not be accented | |

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