

Return to: Educational Opportunity Program CSU, San Bernardino UH 395 5500 University Parkway San Bernardino, CA 92407

Phone: (909) 537-5042 Fax: (909) 537-7084

2023-2024 Satisfactory Academic Progress (SAP) Appeal Academic Plan

Name		Coyote ID	
Major		Phone	
Email		Grade Level: ☑ Undergraduate	
IMPORTANT: Academic Plan mu		for excessive units appeals. d by an Academic Advisor, not by the student.	
FALL 2023 – COURSE NAME & NUMBER	UNITS	SUMMER 2024 – COURSE NAME & NUMBER UNITS	
Example: English 1070A	3		
SPRING 2024 – COURSE NAME & NUMBER	UNITS	This box must be completed by Academic Advisor	
		TOTAL additional units needed for graduation:	_
		Minimum GPA per term needed to meet CSUSB SAP Standards:	_
		Expected Term of Graduation (Program Completion): Summer 20 Fall 20 Spring 20	_
Academic Advisors may attach a separate sheet of paper	to this form for a	additional classes needed per term.	
We certify the courses listed above are courses required	d for progress to	wards completion of degree requirements (general education/major).	
Student's Signature:		Date:	
Name of Academic Advisor (PRINT):		Date:	
Advisor's Signature:		Ph#/email:	

Note: Signature must be from an academic advisor, faculty, or department chair. Signature from Peer Advisor will not be accepted.