

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

Name _____ Coyote ID _____

Major _____ Phone _____

Email _____ Academic Level: Undergraduate

An Academic Plan is needed for excessive units appeals.
IMPORTANT: Academic Plan must be completed by an Academic Advisor, not by the student.

FALL 2024 – COURSE NAME & NUMBER	UNITS
<i>Example: English 1070A</i>	3

SUMMER 2025 – COURSE NAME & NUMBER	UNITS

SPRING 2025 – 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 additional classes needed per term.

We certify the courses listed above are courses required for progress towards 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.