

REVISED SATISFACTORY ACADEMIC PROGRESS PLAN ELIGIBILITY REINSTATEMENT

Purpose: You have been denied financial aid because you have not met the financial aid satisfactory progress requirements. In order to evaluate if federal financial aid can be reinstated, the LCSC Financial Aid Office must verify the exact credit and course requirements needed to complete the stated degree or certificate objective. Please return this completed form with your written appeal form and documentation to: LCSC Financial Aid Office
500 8th Ave. RCH Rm. 208
Lewiston, Idaho 83501

Student Name: _____ LCSC ID#: _____

Major: _____ Degree or Certificate: _____

Student: In order to determine how many credits, semesters, and cumulative GPA you need to be compliant, complete this form by identifying your schedule of requirements (general education, major, minor, electives, upper division, etc.). With the help of your academic advisor, identify the semester in which you plan to take the course.

Academic Advisor: Please identify in which semester the student should take each course. After this plan is completed, please review and sign it verifying that all remaining credits and specific classes needed for the student to be making satisfactory academic progress. Please make sure only those classes necessary to graduate are listed.

Anticipated Graduation Date: _____

FALL SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

SPRING SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

FALL SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

SPRING SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

I have met with this student and verify the classes listed here are needed to graduate in the identified major.

I confirm that only those classes necessary to graduate are listed.

Advisor Name (print): _____ Phone: _____

Advisor Signature: _____ Date: _____

I have met with my academic advisor and agree to register for the classes listed. I understand I must have a minimum cumulative grade point average (GPA) of 2.0 at the end of my plan.

Student Name (print): _____

Student Signature: _____ Date: _____