**REVISED SATISFACTORY ACADEMIC PROGRESS PLAN**

**ELIGIBILITY REINSTATEMENT**

**Purpose:** You have been denied financial aid because you have not met the financial aid satisfactory academic progress requirements. In order to evaluate if federal financial aid can be reinstated, the LCSC Financial Aid Office must verify how many credits, semesters, and cumulative GPA you need to be compliant for the stated degree or certificate objective. Please return this completed form: LCSC Financial Aid Office 500 8th Ave. RCH Rm. 110 Lewiston, Idaho 83501

Student Name: __________________________________________LCSC ID#: __________________________
Major: _____________________________________ Degree or Certificate: __________________

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**Student:** With the help of your academic advisor, identify the courses required for your degree and the term during which you will take each course for two or more semesters (general education, major, minor, electives, upper division, etc).

**Academic Advisor:** After this plan is completed, please review and sign it verifying you approve the course schedule that all courses listed are needed for the student to graduate.

**Anticipated Graduation Date:** _______________

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<tr>
<th>FALL SEMESTER: ___________</th>
<th>SPRING SEMESTER: ___________</th>
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<tbody>
<tr>
<td>DEPT NUMBER</td>
<td>COURSE TITLE</td>
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I have met with this student and verify the classes listed here are needed to graduate in the identified major.

Advisor Name (print): ___________________________ Phone: ________________
Advisor Signature: ____________________________________ Date: ________________

I have met with my academic advisor and agree to register for the courses listed. I understand I must have a minimum grade point average (GPA) of 2.0 at the end of each semester and I must have a cumulative 2.0 GPA at the end of my plan. I understand withdrawing from courses while on an Academic Plan will result in failing the Academic plan and the loss of eligibility.

Student Name (print): ___________________________
Student Signature: ______________________________ Date: ______________________

LCSC is an Equal Opportunity Provide, all forms are available in alternative formats to assist persons with disabilities. Please give reasonable notice to the Financial Aid Office. TTY 800-377-3529