REVISED SATISFACTORY ACADEMIC PROGRESS PLAN
MAXIMUM CREDITS

Purpose: You have been denied financial aid because you have reached or exceeded 85% of the maximum credits allowed to complete your educational objective. In order to evaluate if federal financial aid can be extended, 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: LCSC Financial Aid Office 500 8th Ave. RCH Rm. 110 Lewiston, Idaho 83501

Student Name: __________________________________________ LCSC ID#:________________________

Major: _____________________________________ Degree or Certificate: ____________________________

Student: In order to determine how many additional semesters of Financial Aid you need to graduate, complete this form by identifying all remaining 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: After this plan is completed, please review and sign it verifying all remaining credits and specific courses needed for the student to graduate are included. Please make sure only those courses necessary to graduate are listed.

Anticipated Graduation Date: ____________

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<th>FALL SEMESTER: _____________</th>
<th>SPRING SEMESTER: ____________</th>
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I have met with this student and confirm the courses 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 maintain a cumulative 2.0 GPA through the end of my plan. I understand withdrawing from courses while on an Academic Plan will result in failing the Academic Plan and loss of eligibility. I understand I am expected to graduate at the end of my plan.

Student Name (print):__________________________________________

Student Signature:__________________________________________ Date:____________________

LCSC is an Equal Opportunity Provider, 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