

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 LC State 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: **Lewis-Clark State College Financial AID Office, RCH Rm. 110, 500 8th Avenue, Lewiston, Idaho 83501**

Student Name: _____ LC State 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 progress 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: _____

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 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 Progress Plan will result in failing the Academic Progress Plan and loss of eligibility. I understand I am expected to graduate at the end of my plan.

Student Signature: _____ Date: _____