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 LC State 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 to: Lewis-Clark State College Financial Aid Office, RCH Rm. 110, 500 8th Avenue, Lewiston, Idoba 83501

| gano 83501 | | | | | | | | |
|-------------------------------------|---|---|--|-------------------------|-----------------------------------|---|--------|--|
| tudent | Name: | | LC State ID#: Degree or Certificate: | | | | | |
| lajor: _ | | | | | | | | |
| ill take ea cademic re needeo | ach course for two or Advisor: After this pl d for the student to g | r more semesters (general lan is completed, please re graduate. | education, view and sig | major, mino | r, electives, upper di | icate and the term during vivision, etc). Durse schedule and all cour | | |
| nticipa | | Pate: | | | CDDING CENT | CTED. | | |
| DEPT | FALL SEMESTER: NUMBER COURSE TITLE CRS | | SPRING SEMESTER: DEPT NUMBER COURSE TITLE CRS | | | | | |
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| FALL SEMESTER: | | | | SPRING SEMESTER: | | | | |
| DEPT | NUMBER | COURSE TITLE | CRS | DEPT | NUMBER | COURSE TITLE | CRS | |
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| | | | | | | | | |
| have me | et with this student | t and verify the classes I | isted here | are needed | I to complete the i | identified major. | | |
| | | | | | • | | | |
| dvisor S | ignature: | | | | Date: | | | |
| oint ave nderst | erage (GPA) of 2.0 cand withdraw | at the end of each se | mester and while o | d I must ho n an Acc | ave a cumulative ademic Progre | tand I must have a minion 2.0 GPA at the end of ess Plan will be conditionally. | my plo | |
| Student Signature: | | | | Date: | | | | |