

Satisfactory Academic Progress - Academic Plan

Student's Name: _____ ID: _____
 Major: _____ Expected Graduation Date: _____

Instructions: Both you, the academic advisor and Student Success Scholars Program must sign this form.

1. Meet with an advisor in the Academic Advising Office CC-242 to complete this form and evaluate your projected plan.
2. Meet with the Student Success Scholars Associate Director or staff in Office F-109. A Student Success Scholars staff member will complete page 3 of this form and enroll you in the Student Success Scholars program.

Please note: Arrange concurrent appointments with Academic Advising and Student Success Scholars Program.

- Schedule with Student Success Services at: <https://calendly.com/tomas-itaas/individual-meetings>
- Schedule with Center for Academic Advising at: <https://stockton.edu/academic-advising/office-staff-information.html>

Academic Plan requirement:

1. Achieve a semester Grade Point Average (GPA) of at least **2.0** (Undergraduate) **3.0** (Graduate Studies)
2. Earn 75% of your attempted semester hours. (Limit your withdrawals)

This SAP Academic Plan will remain in effect until either:

1. You meet Satisfactory Academic Progress requirements **OR**
2. You fail to meet the terms of the plan **OR**
3. Your enrollment exceeds the maximum timeframe allowed for your degree program

Student requirements: Read and understand each of your responsibilities, place your initials beside each line.

	I agree to register for classes as approved by my preceptor/advisor
	I agree to contact my academic advisor immediately if I need to revise my coursework registration and to follow the suggestions and recommendations discussed and developed by my academic advisor.
	I agree to consistently attend classes, beginning with the first class of the semester.
	I agree to visit my instructor during office hours if I need additional assistance with coursework
	I agree to devote at least 2 to 3 hours of study time for every 1 hour of class time
	I agree to seek out assistance with Academic tutoring centers, Academic Advising, my preceptor if I am having difficulty in class
	I agree to the targets established in this plan
	I understand that I have the responsibility to meet with my advisor/preceptor throughout the semester to review my progress, and any Early Academic Warning I receive that I will seek out help

This agreement represents a contract between you and the Office of Financial Aid to continue receiving financial aid. You understand that you have the responsibility to follow this SAP improvement plan. Failure to meet Financial Aid Satisfactory Academic Progress (SAP) requirements will result in the final termination of my financial aid eligibility. The plan reflects realistic and attainable goals.

Student's Signature _____

Date _____

Note: If it is determined that it is not possible for you to achieve the GPA required for graduation this plan will not be valid.

Student's Name: _____ ID: _____

Academic Advising

The student failed at least one Satisfactory Academic Progress (SAP) rule for financial aid. It has been determined that the student needs additional time to remediate either their 1) cumulative GPA or 2) their completion pace of coursework toward reaching their degree. The advisor's role in developing this Academic Plan is to assist the student in understanding how best to structure their coursework so that they can improve their GPA, avoid unnecessary withdrawals and complete their degree.

Can the student reasonably meet the terms of this academic plan in their current major? YES _____ NO _____ If no, what accommodations under this plan should be considered?

Indicate below your assessment of the student's ability to progress towards their degree.

What recommendations were discussed with the student to improve their academic performance?

I have met with the student and discussed the academic plan, which when followed, may allow the student to attain the academic standing required for Stockton's graduation requirement. The plan reflects realistic and attainable goals for the student.

Advisor Signature

Date

Important note to student

At the end of each semester, the financial aid office will confirm your fulfillment of these conditions. If you fail to meet the outlined requirements you will not qualify for future assistance until you meet SAP requirements on your own. If, however you have encountered new extenuating circumstances not reported in prior appeals, an additional appeal would be appropriate and could receive consideration.

Student's Name: _____ ID: _____

Student Success Scholars Program

To be completed by Student Success Scholars Program Representative

The student failed at least one Satisfactory Academic Progress (SAP) rule for financial aid. We value the educational success of our students and recommend that it would be in the best interest for the student to enroll and participate in the Student Success Scholars Program. Joining the program would assist the student to help them navigate and maximize the benefits of various academic and student life resources available to them at Stockton.

After meeting with the student, please provide any comments for the student's request for a financial aid academic appeal.

I have met with the student and discussed the Student Success Scholars Program, which when followed, will empower the student to attain the academic standing required for Stockton's graduation requirement.

Student Success Scholars Program representative Signature

Date