



**FINANCIAL AID SERVICES**

Sandel Hall 115 | 700 University Avenue, Monroe, LA 71209

Phone: (318) 342-5320

Email: [finaid@ulm.edu](mailto:finaid@ulm.edu) | URL: <http://finaid.ulm.edu>

**SUMMER 2022 FINANCIAL AID STUDENT ACADEMIC PLAN**

**Student: Your SAP appeal for Summer 2022 has been approved. This approval is strictly for one semester.**

Please take this sheet to your advisor to discuss the coursework you need to repeat and new courses in which to enroll. In addition, you should discuss credits and courses that you need in order to complete your declared major. Finally, discuss what additional study aids you will utilize to ensure that you are staying on track this year.

Once you and your advisor have completed the sheet, please submit it to the Office of Financial Aid to allow processing of your request for financial aid to continue. If your academic advisor is not available, you may go to the department chair.

**Advisor:** Please provide your input to this student’s satisfactory academic progress. Prior to completing this section, please review the major plan with the student. The intent is to make sure the student is aware of requirements and is on track with their declared major.

Student Name:  Student ID:

Student Major:  Student DOB:

Projected graduation date:  Number of credits remaining to complete major:

**Courses to be repeated (list semester/year to repeat) Use additional space as needed.**

**Courses in which student will enroll Summer 2022 semester:**

**Academic support services to be used (estimate time commitment) Use additional space as needed.**



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**Advisor:**

Is the student’s academic plan for the upcoming semester reasonable in terms of semester hours and class difficulty?

\_\_\_\_\_ Yes    \_\_\_\_\_ No                    If no, please explain:

Please list any additional comments or recommendations to aid in the student’s future success.

**Student:**

Do you understand your academic plan as outlined for the upcoming semester? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Do you understand that you will need to register for those courses listed above in order to successfully follow your academic improvement plan? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Do you understand you must pass 100% of the classes you attempt while on appeal? You cannot drop, fail, withdraw or have any incompletes during this time. That voids your appeal agreement. \_\_\_\_\_ Yes    \_\_\_\_\_ No

**SAP ACADEMIC PLAN REQUIREMENTS:**

During the academic plan period, the student must adhere to the requirements listed above. Failure to do so will result in the discontinuance of Federal Aid offered by the ULM Office of Financial Aid.

By signing below, I acknowledge that I am agreeing to follow the above academic plan in order to attain Satisfactory Academic Progress.

Student Name (please print):

Date:

**Student signature:** \_\_\_\_\_

By signing below, I acknowledge that the student has read the academic plan and has the opportunity to ask questions regarding attaining Satisfactory Academic Progress.

Name of advisor (please print):

Date:

**Academic Advisor signature:** \_\_\_\_\_