FINANCIAL AID APPEAL ACADEMIC PLAN

Student Information Print clearly

Name ID Number

Program of Study Catalog Year

Advisor Date

My Goals To be completed by student appealing

My academic goal:

☐ Associate Degree ☐ Bachelor’s Degree ☐ Certificate
☐ Continuing Education ☐ Specific Courses

☐ Transfer

Intended Transfer School ____________________________

Intended Major ____________________________

Certainty of my goal: (1=Low, 5=High)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I am: (check all that apply)

☐ Taking Transitional Courses ☐ A PGCC Athlete

☐ Head of Household ☐ Working Part-time

☐ Working Full-time

My concerns about my ability to improve my GPA or completion rate are: (check all that apply)

☐ Child Care ☐ Financial ☐ Medical/Disability

☐ Transportation ☐ Work Demands

☐ Other Concerns ____________________________________________________________

Student and Advisor Information

Upon completion of the scheduled appointment with the academic advisor, the items below must accompany this form.

• Academic Transcript
• Academic Evaluation
• Multi-Semester Academic Plan
• Student Written Statement
• Documentation that will support your written statement

Please note:

• All courses where students have earned a grade of: “Q”, “NA”, “FX”, “D”, “F”, or “W” must be highlighted on the academic transcript
• Courses listed on the academic evaluation that are currently in progress and or scheduled for the semester must be highlighted.
• Student must provide proposed grades for each planned course that is listed on the course planning worksheet.

Credits earned for Developmental Studies courses are not college level credit (see catalog), therefore they do not count in the GPA calculation for Financial Aid Satisfactory Academic Progress (SAP).

For College Use Only

☐ Approved ☐ Denied—If denied, reviewer must explain below:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Reviewer Name (print) Date

Reviewer Signature Date

©2015 Prince George’s Community College. All rights reserved.
**Student Information** Print clearly

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program of Study</td>
<td>Catalog Year</td>
</tr>
<tr>
<td>Advisor</td>
<td>Date</td>
</tr>
</tbody>
</table>

**Advisor Notes**

__________________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________________

**My Statement of Understanding**

I plan to graduate in

- I have met with my academic advisor and agree to the Academic Plan as documented in Owl Link and attached with this form.
- I understand that I have one opportunity to meet with an advisor to modify the original academic plan.
- I have read and understand the requirements to stay in good standing for financial aid (Satisfactory Academic Progress).
- I understand that this Academic Plan for SAP Improvement is a Contract between PGCC and me.
- I understand that the Academic Plan for SAP Improvement will not exceed two semesters.
- I understand that the Office of Student Financial Aid will be monitoring my progress and this plan is void at any point that I do not comply with the plan.
- I will provide all required forms and additional supporting documentation to the Financial Aid Office, and I will take full responsibility for the delivery of this appeal packet to the Financial Aid Office.
- I must secure payment arrangements if I register for courses while undergoing the appeal process.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>