University of CINCINNATI

SATISFACTORY ACADEMIC PROGRESS APPEAL DEGREE PLAN

Student Name: _____ UCID: _____

Student E-mail: _____ Student Phone: _____

College & Program: _____ Anticipated Graduation Date: _____

In order for your appeal for any additional financial aid to be considered, this form must be completed and submitted along with a copy of your degree audit. Please work with your advisor to use your degree audit and develop a list of courses and credit hours that you will take in order to graduate in the shortest time frame possible. **You may only list and take classes required for your degree.** Terms not needed should be crossed off, and enrollment for those terms should not occur. Additional terms should be attached.

NOTE TO ADVISOR: This form is required in cases when the student has exceeded timeframe to degree or will exceed timeframe prior to degree completion. Students are eligible for aid through 1.5 times the length of their academic program as detailed at *financialaid.uc.edu/academicprogress*. You are asked to review the student's remaining course requirements and assist in developing a plan that will result in the student completing his/her program in the most expeditious manner. The courses included on this plan should apply only to the student's current/active program of study.

Summer 2018	Cr. Hrs.	Fall 2018	Cr. Hrs.	Spring 2019	Cr. Hrs.
Summer 2019	**Cr. Hrs.**	**Fall 2019**	**Cr. Hrs.**	**Spring 2020**	**Cr. Hrs.**

COMPLETION OF THIS FORM ALONE DOES NOT MEAN YOUR APPEAL WILL BE APPROVED.

Any changes to this plan once submitted must be approved by the Student Financial Aid Office.

Advisor signature _____ Date _____

Student signature _____ Date _____

Advisor name (printed) & phone number _____

Submit this form via fax [513-556-9171]; e-mail [academic.progress@uc.edu]; or in-person at your campus One Stop Student Service Center.