**Office of Scholarships and Financial Aid**
601 S. College Road ▪ Wilmington, NC 28403 ▪ *Federal School Code:* 002984
*Telephone:* 910.962.3177 ▪ *Fax:* 910.962.3851 ▪ *Email:* finaid@uncw.edu ▪ http://www.uncw.edu/finaid

# Graduation Plan for Satisfactory Academic Progress

Student's Name: _____ Student ID# 850 _____

Student's Current Program of Study: _____

Academic Advisor's Name: _____

List the courses required for your program of study in which you will be enrolled for the academic year. *(Note: Juniors may be required to complete a graduation plan for their senior year.)*

Courses for Fall Semester 20 _____

| Course # | Course Name | Credit Hrs |
|---|---|---|
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Courses for Spring Semester 20 ____

| Course # | Course Name | Credit Hrs |
|---|---|---|
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| | | |

Courses for Summer 20 ___

| Course # | Course Name | Credit Hrs |
|---|---|---|
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Undergraduate Student Maximum Time Frame
A student cannot receive any financial aid funding after he or she has attempted 150% of the hours required to earn a degree. For example, students in programs requiring 120 hours earned for graduation will be eligible for financial aid during the first 180 attempted hours as an undergraduate.

Transfer Student Maximum Time Frame
A student with transfer hours cannot receive any financial aid after s/he has attempted 150% of the hours required to earn a degree. The student must submit a degree plan, signed by the student and advisor, along with a current degree audit to the Office of Scholarships & Financial Aid for review.

Second Degree Undergraduate Student Maximum Time Frame
A student pursuing a second undergraduate degree is eligible to receive financial aid for a maximum of 150% of the hours required for the second degree.

Attach the following items to this form:

1. Signed Personal Appeal Letter
   - *What were the circumstances that caused you to not meet SAP guidelines? (Refer to guidelines stated above)*
   - *What actions are you taking to enable you to meet satisfactory academic progress?*
2. Degree Audit

By signing this information request, I certify that all information is complete and correct.

Advisor's Signature (Required):_____

Date: _____

Student's Signature:_____

Date:_____

***A typed or handwritten signature from the student is acceptable. The Advisors Adobe Electronic Signature is required. Please email this form to your Advisor to obtain their Adobe Certified electronic signature.***