

2024-2025 SATISFACTORY ACADEMIC PROGRESS (SAP) ACADEMIC PLAN

CCNY Federal Financial Aid Appeals Committee, A-104 TO: FROM: Academic Advisor* (Print) Division RE: Student's Last Name (Print) First Name M. EMPLID #: DATE: _____ *All SEEK students must first see a SEEK counselor in NAC 5/226 to initiate this process. **CURRENT ACADEMIC STATUS** Current GPA: _____ Number of terms completed at CCNY: _____ Current Major: Number of credits needed to complete major: **REASON FOR SUSPENSION OF FEDERAL AID** GPA Below the Required Minimum Unsatisfactory Academic Progress: Total Credits ______Attempted Credits _____ PRESCRIBED ACADEMIC PLAN (Attach student narrative and supporting documentation. Where applicable, attach the letter of reinstatement from the Office of Academic Standards.) Spring 2025 Fall 2024 Req'd Grade Course/Credits Course/Credits Reg'd Grade Maximum credits_____ Maximum credits _____ Required term GPA_____ Required term GPA _____ Required QPA** Required QPA** **Grove School of Engineering

Resolve INC/FIN		
Repeat Course/s		
		Term
	ADVISOR COMMEN	ITS
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Academic Advisor		
	(Signature)	
	STATEMENT OF AGREE	MENT
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- 1. The student must be provided with a copy of this Academic Plan.
- 2. Once completed, the student must submit their Academic Plan via their Student Forms account.
- 3. Each advising unit must maintain a copy of this Academic Plan and all supporting documentation including additional evidence of compliance, such as attendance at the Writing Center for additional reporting.