

## Satisfactory Academic Progress (SAP) Academic Plan

### A. Student Information

**Name:**

**7-digit NAU ID:**

**Phone:**

**NAU E-mail:**

### B. Guidelines

Students who have exceeded the allowable time to complete their degree or certificate must appeal for an exception to the SAP maximum timeframe standard in order to continue receiving financial aid.

Students are allowed to appeal for maximum timeframe **once** per program and must only enroll in classes listed on this plan to maintain federal financial aid eligibility.

Students must arrange to meet with their academic advisor to outline the required courses needed to complete their degree program.

Any additionally submitted academic plans are subject to approval and are not guaranteed accepted changes.

For more information on this policy and the allowable credits, please visit [nau.edu/SAP](http://nau.edu/SAP).

### C. Academic Information

This section must be completed by your **academic advisor**.

Example Career: Bachelor's, Post-Baccalaureate, Master's, Second Master's, PhD, and/or Certificate

Indicate all that apply:

**Career:**

**Major:**

**Minor:**

**Certificate:**

**Graduation Term:**



**Pre-Requisite Courses (if applicable)**

Course Number(s)

Course Title(s)

Credits

Course Number(s)	Course Title(s)	Credits
<b>Total Pre-Requisite Credits Remaining</b>		

**Minor Courses (if applicable)**

Course Number(s)

Course Title(s)

Credits

Course Number(s)	Course Title(s)	Credits
<b>Total Minor Credits Remaining</b>		

**Certificate Courses (if applicable)**

Course Number(s)

Course Title(s)

Credits

Course Number(s)	Course Title(s)	Credits
<b>Total Certificate Credits Remaining</b>		

**Course Totals**

Total Major Credits	
Total Pre-Requisite Credits	
Total Minor Credits	
Total Certificate Credits	
<b>Total Credit Remaining</b>	

## E. Agreement and Understanding

**Please read and initial each item to verify that you understand and agree to the following:**

- \_\_\_\_\_ I understand that I **must** follow this academic plan.
- \_\_\_\_\_ I understand that I am allowed to appeal only **once** for maximum timeframe per program.
- \_\_\_\_\_ I understand that any additionally submitted academic plans are subject to approval and are not guaranteed accepted changed.
- \_\_\_\_\_ I understand that if I take courses that are not listed on this academic plan, I am not following the SAP probation conditions and I will not be eligible for federal financial aid.
- \_\_\_\_\_ I understand that dropping classes and a "W" on my transcript does not meet the SAP probation conditions.

### **Student Certification:**

By signing below, I acknowledge that I have read and understand the information on this form. I certify that this academic plan of study has been reviewed and discussed with me.

**Typed, copied, or electronic signatures will not be accepted.**

**Student Name (print):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Academic Advisor Certification:**

By signing below, I acknowledge that I have read and understand the information on this form. I certify that this SAP Academic Plan has been reviewed and discussed with the student and these courses are necessary to fulfill graduation requirements.

**Typed, copied, or electronic signatures will not be accepted.**

**Advisor Name (print):** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit this completed form and additional documents with your appeal via [nau.edu/OSFAdoc-upload](http://nau.edu/OSFAdoc-upload), OR in-person at:**

Office of Scholarships and Financial Aid  
Gammage (building 1) Second floor

**OR mail to:**

NAU Office of Scholarships and Financial Aid  
PO Box 4108  
Flagstaff, AZ 86011-4108