

Financial Aid - 6 \$ Academic Plan Agreement

Student Name: _____ Student ID: _____

Semester: B B BF B B B B Spring B B B B Su

Major: _____ Anticipated Date: _____

3 O H E U Q W K I R V P W R R X J F D G H R P W H F S D U W S P G H M Q W R R P S O D Q W X E P D L O N R Z Q J W R X 6 \$ 3 \$ S S H M D I O U R X J K F V X H D V W E D \ V W X G H Q W I R U P V F R P , I \ R X G R Q R W N Q R Z Z K R \ R X U D G Y L V R U L \ V V M B B Q O O Z K H R Q F R X W K D W \ R X E U L R Q J G V R X T U X D Q I W \ V R D E U L H R V Q I L Q J K U V R Q X J U H D g C a r t f v r s Academic Plan Agreement is to assist you meeting SAP minimum standards E H M R U H D G X D W H.

, I L W L V P D W K H P D W L F D O O \ L P S R V V L E O H I R U \ R X W R P H H W 6 D W L V I D F W R U \ \$ F D G H P L F 3 U R J U H V V \ R X U 6 \$ 3 \$ S S e c u r i t y D A O C o m p l e x S t a t e O f I n d i a Academic ' H S D U W P H Q W A d v i s R r 6 W X G H Q W P X V W R Q O \ E H H Q U R O O H G L Q H D F K V H P H M V R W H , I V W X G H Q W K D V U H D F K H G 0 D [L P X P 7 L P H) U D P H 5 X O H \$ // F R X U V H V Q H F H V V D U \ D F F R U G L Q J W R V H P H V W H U X Q W L O V W X G H Q V

BBBBB & KHFN KHUH LI VWXGHQW QHHGV RQH VHPHVWHU WR PHHW 6 \$ 3

Section B: Completed by Student

By signing below, I verify that I have read the information listed above and I agree to adhere to the financial aid eligibility to be reconsidered. I understand that failure to satisfy this academic plan will result in the loss of my financial aid until I do meet the minimum Satisfactory Academic Progress standards for financial aid.

X Q G H UV VX WE D Q W W Q D WD Q D S S H D O L V Q R W D
6 W X G H Q W) L Q D Q F L D O 6 H U Y L F H V ' H S D U W P H C

Student's Signature: _____

Date: _____