

LAST NAME _____

FIRST NAME _____

CWI ID # _____

STUDENT SUCCESS ADVISOR SECTION

Program of Study (One Program Per SAP)		Major Change Submitted (Y/N)	Catalog Year	Student Plan Date	Total Program Credits Required	
Credits Attempted Prior to Current Semester	Credits Remaining – Including in Progress Credits (+ Remedial/Pre-requisites)	Remedial Credits Attempted	Remedial Credits Needed	Credits to be Excluded		
				Anticipated	Completed	
Repeat Courses Needed (List Specific Courses)						

I have reviewed and outlined the remaining credits required for this student’s graduation plan. The number of credits indicated on this request is correct according to the student’s catalog year and Program Evaluation. Only credits needed to complete the student’s degree program have been included in the total remaining credit count.

STUDENT SUCCESS ADVISOR SIGNATURE _____

DATE _____

STUDENT SUCCESS ADVISOR PRINTED NAME _____

FINANCIAL AID OFFICE USE ONLY

SEMESTER SUSPENDED: _____

Refer Appeal to SAP Appeals Committee? Yes No

APPEAL:

- APPROVED
- DENIED

PLAN TERM REQUIREMENTS: _____

COMPLETION RATE %: _____

OK for Maximum Credits Greater Than 150% Credits

MAX CREDIT:

Remaining/In-progress: _____ +

Previously Attempted: _____ -

Remedial: _____ -

Excluded: _____

TOTAL: _____

FINANCIAL AID OFFICER _____

DATE _____