

(general education/major).

Return to:

5500 University Parkway UH 150 San Bernardino, CA 92407 Tel: (909) 537-5227

Fax: (909) 537-7024

Student Name:			CoyoteID:	
			Phone:	
	Satisfactory Ac	ademic Progress	Plan	
	=	•	unding for the courses needed to mee tions must be completed.	
Degree: ☐ BA/BS ☐	MA/MS □ Cr	edential 🛚 2 nd BA/l	BS □ Certificate □ EdD	
Major: Expected Graduation Date(Quarter/Year)				
Course Name/Number	Course Units	Projected Term	Comments	
English 101	4 units	Fall 2017	Sample	
	nis appeal form and	any attachments heret	nis appeal form. Additionally, I certify o are "true", complete and accurate.	
Student signature:		Da	Date:	
Academic Advisor Name:		Tit	:le:	
Academic Advisor Signature: Date:				
We certify that the courses listed	l above are remaini	ng required courses for	completion of degree requirements	