

Return to:

5500 University Parkway UH 150 San Bernardino, CA 92407

Tel: (909) 537-5227 Fax: (909) 537-7024

| Student Name: | | | Coyote ID: |
|--|---|---|---|
| | | | Phone: |
| 2018-2 | 019 Satisfactor | y Academic Prog | ress Plan |
| Major and | l expected gradi | uation date must be | completed. |
| Degree: ☐ BA/BS ☐ M | IA/MS □ Cre | edential 2 nd BA/ | BS Certificate EdD |
| Major: | F | Expected Graduation | Date |
| <u></u> | | exposiou Graduation | (Quarter/Year) |
| List the course, units for each | course, projecte Aid & Scholarshi | d terms of enrollment | pointment with your academic advisor and comments for the entire academic funding for the courses needed to mee |
| Course Name/Number* | Course Units* | Projected Term* | Comments |
| English 107 | 4 units | Fall 2018 | Sample |
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| | * Sections of Acader | nic Plan <u>must</u> be complet | l ed |
| Student Certification: I hereby certify that I have read an that all information reported on this also authorize the Office of Finance | nd understand all in s appeal form and a sial Aid & Scholarsh | formation related to thi any attachments hereto nips to verify any inform | s appeal form. Additionally, I certify are true, complete and accurate. I nation submitted. |
| | | Date: | |
| Academic Advisor Name (Please Print): | | | Title: |
| Academic Advisor Signature: | | Date: | |

We certify that the courses listed above are remaining <u>required courses</u> for completion of degree requirements (general education/major). **PLEASE NOTE:** Signature must be from an academic advisor, faculty or department chair. Signature from a Peer Advisor will not be accepted.