



Return to:
 5500 University Parkway UH 150
 San Bernardino, CA 92407
 Tel: (909) 537-5227
 Fax: (909) 537-7024

Student Name: _____ Coyote ID: _____
 Phone: _____

2019-2020 Satisfactory Academic Progress Plan

Major and expected graduation date must be completed.

Degree: <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> Credential <input type="checkbox"/> 2 nd BA/BS <input type="checkbox"/> Certificate <input type="checkbox"/> EdD
Major: _____ Expected Graduation Date _____ <div style="text-align: right; margin-top: -10px;">(Quarter/Year)</div>

STUDENT: Bring a current copy of your PAWS report to your appointment with your academic advisor. List the course, units for each course, projected terms of enrollment and comments for the entire academic year. The Office of Financial Aid & Scholarships will only consider funding for the courses needed to meet the “course requirement” for graduation.

Course Name/Number*	Course Units*	Projected Term*	Comments
<i>English 107</i>	<i>4 units</i>	<i>Fall 2018</i>	<i>Sample</i>

* Sections of Academic Plan must be completed.

Student Certification:

I hereby certify that I have read and understand all information related to this appeal form. Additionally, I certify that all information reported on this appeal form and any attachments hereto are true, complete and accurate. I also authorize the Office of Financial Aid & Scholarships to verify any information submitted.

Student Signature: _____ **Date:** _____

Academic Advisor Name (Please Print): _____ **Title:** _____

Academic Advisor Signature: _____ **Date:** _____

We certify that the courses listed above are remaining required courses 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.