



2022-2023 Satisfactory Academic Progress (SAP) Appeal - Academic Plan

Last Name		First Name		Coyote ID	
Current Major_	Phone Number (include area code)				
Grade Level:	☐ Undergraduate ☐ Grad	uate/Masters ☐ Tea	ching Credential	☐ Post-Bac/2nd Bachelor's ☐ E	d Doc
	An Academic Plan is needed for excessive unit appeals. IMPORTANT: Academic Plan must be completed by the Academic Advisor, not by the student,				
Academic Advisors may attach a separate sheet of paper to this form for additional classes needed per term.					
Fall 20	Required Courses	Units	Summer 20_	Required Courses	Units
Spring 20	Required Courses	equired Courses Units This section must be completed by Academic			idemic Advisor:
			TOTAL Additional Units needed for Graduation:		
			Minimum GP	A per term needed to meet CSUSB SA	P standards:
			Expe	cted Term of Graduation (Program Co	mpletion): Term:
				☐ Summer 2022 ☐ Fall 2022 ☐ Sp	ring 2023
We certify the o	ourses listed above are the rema	ining required courses fo	or completion of de	gree requirements (general education	n/maior)
We certify the courses listed above are the remaining required courses for completion of degree requirements (general education/major). NOTE: Signature must be from an academic advisor, faculty, or department chair. Signature from Peer Advisor will not be accepted					
Student's Signature: Date:					
Name of Acade	ame of Academic Advisor (PRINT): Date:				
Advisor's Signat	s Signature:Ph#/email				