

Return to: Educational Opportunity Program CSU, San Bernardino 5500 University Parkway UH 395 San Bernardino, CA 92407

Phone: (909) 537-5042 Fax: (909) 537-7084

2021-2022 Satisfactory Academic Progress (SAP) Appeal Academic Plan

Name			Coyote ID	
Major			Phone	
Email	Grade Level: ☑ Undergraduate			
Please Note: An Academic Plan is required for stude Eligibility for Degree Completion Exceeded. Course the academic advisor must sign this academic plan	e listings below			
FALL 2021 – COURSE NAME & NUMBER	UNITS	SUMMER 2022 – COURSE NAME & NUMBER UNITS		R UNITS
Example: English 1070A	3			
SPRING 2022 – COURSE NAME & NUMBER	UNITS	This box must be completed by Academic Advisor		
		TOTAL additional units beyond what has already been attempted/completed thus far and needed for graduation: Expected Term of Graduation (Program Completion):		
		☐ Summer 20	☐ Fall 20	☐ Spring 20
Academic Advisors may attach a separate sheet of pape	er to this form for	additional classes needed pe	er term.	
We certify the courses listed above are courses require	ed for progress to	wards completion of degree	e requirements (general	education/major).
Student's Signature:		Da	ate:	
Name of Academic Advisor (PRINT):		Da	nte:	
Advisor's Signature:	Ph#/email:			

Note: Signature must be from an academic advisor, faculty, or department chair.