

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

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

Name		Coyote ID	Coyote ID	
Major		Phone		
Email		Grade Level: ☑ Undergraduate		
	e listings below	I SAP due to Maximum Time Frame or Units Allowed o must be completed in consultation with an academic a		
FALL 2022 – COURSE NAME & NUMBER	UNITS	SUMMER 2023 – COURSE NAME & NUMBER	UNITS	
Example: English 1070A	3			
SPRING 2023 – 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 Comple	erm of Graduation (Program Completion):	
		☐ Summer 20 ☐ Fall 20 ☐ Sp	oring 20	
Academic Advisors may attach a separate sheet of pape We certify the courses listed above are courses require		additional classes needed per term. wards completion of degree requirements (general educat	ion/major).	
Student's Signature:		Date:		
Name of Academic Advisor (PRINT):		Date:		
Advisor's Signature:		Ph#/email:		

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