



## 2025-2026 Satisfactory Academic Progress (SAP) Appeal - Academic Plan

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Coyote ID \_\_\_\_\_

Current Major \_\_\_\_\_ Phone Number (include area code) \_\_\_\_\_

Grade Level: ☐ Undergraduate ☐ Graduate/Masters ☐ Teaching Credential ☐ Post-Bac/2nd Bachelor's ☐ Ed Doc

**An Academic Plan is needed for excessive units or term 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	Units

**This box must be completed by the Academic Advisor:**

TOTAL Additional Units needed for Graduation: \_\_\_\_\_

Minimum GPA per term needed to meet CSUSB SAP standards: \_\_\_\_\_

Number of Terms needed to reach 2.0 cum GPA: \_\_\_\_\_

Expected Term of Graduation (Program Completion): Term:

☐ Fall \_\_\_\_\_ ☐ Spring \_\_\_\_\_ ☐ Summer \_\_\_\_\_

■ We certify the courses listed above are the remaining required courses for completion of degree requirements (general education/major). I understand that my complete appeal documents must be submitted no later than 21 days from the end of the term in which I wish to be considered for aid reinstatement. If the appeal is submitted after, it will not be reviewed or considered for possible aid reinstatement. **Fall 2025 deadline: 11/11/25, Spring 2026 deadline: 4/18/26, Summer 2026 deadline 7/21/26.**

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. Signature from Peer Advisor will not be accepted.