

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

Phone: (909) 537-5042

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

Name		Coyote ID
Major		Phone
Email		Academic Level: ☑ Undergraduate
IMPORTANT: Academic Plan mu	ust be complete	Excessive Units or Term Appeals. ed by an Academic Advisor, not by the student. eer to this form for additional classes needed per term.
FALL 2025 – COURSE NAME & NUMBER	UNITS	SUMMER 2026 – COURSE NAME & NUMBER UNITS
Example: English 1070A	3	
SPRING 2026 – COURSE NAME & NUMBER	UNITS	This box must be completed by Academic Advisor
		TOTAL additional units needed for graduation:
		Minimum GPA per term needed to meet CSUSB SAP Standards:
		Expected Term of Graduation (Program Completion):
		☐ Fall 2025 ☐ Spring 2026 ☐ Summer 2026
We certify the courses listed above are courses required for progress towards 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 for the current term. <i>Fall 2025 deadline</i> : November 11, 2025 , <i>Spring 2026 deadline</i> : April 18, 2026 , <i>Summer 2026 deadline</i> : July 21, 2026 .		
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 a Peer Advisor will not be accepted.