

UMBC

Office of Financial Aid and Scholarships
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Academic Plan Worksheet (For Financial Aid Satisfactory Academic Progress)

Student Name: _____ UMBC ID#: _____ Cum GPA: _____
 Program/Major: _____ Expected Graduation Date: _____

Complete the following section by outlining the courses you need to complete each semester (i.e.: Fall 2012) for the remainder of your academic career at UMBC. You must enroll only in classes necessary to complete your program of study. Attach an additional sheet if necessary.

| Semester: | Semester: | Semester: |
|--------------------------|--------------------------|--------------------------|
| Course: _____ Crs: _____ | Course: _____ Crs: _____ | Course: _____ Crs: _____ |
| Course: _____ Crs: _____ | Course: _____ Crs: _____ | Course: _____ Crs: _____ |
| Course: _____ Crs: _____ | Course: _____ Crs: _____ | Course: _____ Crs: _____ |
| Course: _____ Crs: _____ | Course: _____ Crs: _____ | Course: _____ Crs: _____ |
| Course: _____ Crs: _____ | Course: _____ Crs: _____ | Course: _____ Crs: _____ |
| Total: | Total: | Total: |

| Semester: | Semester: | Semester: |
|--------------------------|--------------------------|--------------------------|
| Course: _____ Crs: _____ | Course: _____ Crs: _____ | Course: _____ Crs: _____ |
| Course: _____ Crs: _____ | Course: _____ Crs: _____ | Course: _____ Crs: _____ |
| Course: _____ Crs: _____ | Course: _____ Crs: _____ | Course: _____ Crs: _____ |
| Course: _____ Crs: _____ | Course: _____ Crs: _____ | Course: _____ Crs: _____ |
| Course: _____ Crs: _____ | Course: _____ Crs: _____ | Course: _____ Crs: _____ |
| Total: | Total: | Total: |

If you are currently dismissed or suspended from UMBC, you must be readmitted to the university before your SAP appeal can be considered. Reinstatement to the university does not guarantee receipt of financial aid.

 Student's Signature Date



IF YOU HAVE DECLARED A MAJOR, THIS SECTION OF THE FORM MUST BE COMPLETED BY YOUR DEPARTMENTAL ADVISOR

Advisor's Comments to SAP Committee after meeting with the student and reviewing their Plan of Action

I certify that the information provided in Sections B and C above are accurate based on the student's current academic standing:

 Advisor's Printed Name and Department Advisor's Signature

 Advisor's Phone Number Date