



Office Use Only
PLANU

UNDERGRADUATE EDUCATIONAL PLAN - FINANCIAL AID

Office of Financial Aid and Scholarships
P.O. Box 3011 Commerce, Texas 75429
Phone: 903.886.5096 Fax: 903.886.5098
FAO.Appeals@tamuc.edu

STUDENT NAME _____

CWID _____

Please circle the semester you are appealing for

Semester: **SUMMER 2020**
Priority Deadline: *May 18, 2020*

FALL 2020
August 7, 2020

SPRING 2021
January 4, 2021

SUMMER 2021
May 21, 2021

To the Advising Center/Academic Advisor:

Please review the minimum graduate SAP eligibility standards for receiving student financial aid and the student’s academic history before completing this form. These standards are available through the Texas A&M University-Commerce’s website of the financial aid webpage. The undergraduate educational plan should reflect the minimum requirements the student needs to follow each semester(s) to achieve good academic standing and financial aid eligibility.

Undergraduate Students:

You must enroll in at least six (6) credit hours per semester or term to qualify for most student financial aid.

It is the student’s responsibility to have this section completed by a representative of the advising center/academic advisor:

Student’s Major: _____ Minor: _____

What is the expected graduation date? _____

If an educational plan had previously been completed for this student, please review the academic history and advice to the status of the student’s progress towards completion of the degree.

YES. Student met the educational plan and is making progress towards completion of the degree. The student is no longer required to be on an educational plan.

NO. Student has not met the educational plan agreement and will not be able to fulfill that agreement on the designated timeline. *(If no is selected, please disregard page 2 and submit only this page with appeal form and documentation)*

Advising Center Representative’s Name (Please Print)

College

Academic Advisor Signature

Date

Student Signature

Date

UNDERGRADUATE EDUCATIONAL PLAN FOR STUDENT FINANCIAL AID

STUDENT NAME

CWID

It is the student's responsibility to have this section completed by a representative of the advising center/academic advisor:

Based on the review of this student's academic history, the student **must** adhere to the following conditions. Please complete the sections that are most applicable to the student's specific degree plan.

End of Semester minimum GPA Requirement

This student needs only to complete the _____ semester with the minimum end of semester GPA.

**If this is the only requirement for student, they must meet all other minimum SAP requirements to complete probation.*

Institutional cumulative GPA Requirement

The student will need _____ semester(s) in order to achieve the minimum institutional cumulative requirements. The end of the semester(s) GPA is outlined below:

Semester 1: Minimum end of semester GPA must be _____ Semester 2: Minimum end of semester GPA must be _____
Semester 3: Minimum end of semester GPA must be _____ Semester 4: Minimum end of semester GPA must be _____

Attempted hours vs completion hours within a semester/term of enrollment

Based on the academic history for this student, the student **must not register in more** than _____ credit hours for the _____ semester.

Comments

If additional requirements are needed to reach the minimum institutional cumulative GPA, please indicate below what is the requirement for this student.

Student's Acknowledgement and Acceptance of the educational plan outlined.

As a condition of the approval of your financial aid suspension appeal request, you are required to follow the educational plan outlined below by a representative of the Academic Advising Center / Academic Advisor. Your progress will be monitored at the end of the semester(s). Failure to follow or meet the educational plan will result in cancellation of this educational plan and future financial aid will not be available. If your educational plan requires multiple semesters, please email fao.appeals@tamuc.edu at the end of each semester required to request a Manual SAP Review. Our office will process your request to determine if you are eligible to continue your approved probationary period.

Please read each statement below:

(Initial) _____ I understand I must follow the requirements above and be enrolled at the time of review for the approval of my financial aid appeal.

(Initial) _____ I understand I must notify the Academic Advising Center representative and the Office of Financial Aid & Scholarships if at any point in time during the semester I am not able to continue meeting the conditions outlined above

(Initial) _____ I understand that failure to meet the guidelines outlined above will result in suspension of future financial aid.