University of Houston-Victoria Office of Financial Aid

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Academic Plan for Financial Aid Satisfactory Academic Progress (SAP)

Student's Name <u>:</u>		Email Address:
Student ID:	Home Phone:	Cell Phone:
Appealing for GPA		
Please initial next to each	statement	
My appeal has been <i>approved</i> for the minimum semester GPA of at least a		semester and I will be required to achieve a This requirement includes developmental classes.
(Graduate) or Stud Appeal (Undergrad degree plan; The c recommends that t	lent must maintain a term GPA of duate); Student must work toward ommittee recommends retaking conhestudent take a manageable course.	; Student must maintain a term GPA of 3.0 or higher 2.25 or higher for 1st Appeal or 2.50 or higher for 2nd s raising his/her GPA; Student must not deviate from ourse(s) with unsatisfactory grades; The committee rse load; Student must complete the Annual Student Loan adentaid.gov; Student must not have an I or F as a grade.
Appealing for Pace (formal Please initial next to each	merly Hour Completion) statement	Current Pace:
My appeal has been <i>approved</i> for the 100% of all enrolled credits.		semester and I will be required to complete
student take a man	ageable course load; Student must	thdraw from any course; The committee recommends that the complete the Annual Student Loan Acknowledgement (if a must not have an I or F as a grade.

Appealing for Maximum Credits: My appeal has been *approved* for the semester and my Academic Plan will remain in effect until I complete the number of credits indicated on this appeal. Hours: Total # of credits remaining for completion of my degree. Student must not drop or withdraw from any course; Student must not deviate from degree plan; Student is approved for the credit hours for the courses verified by the student's academic advisor; Student must not have an I or F as a grade; and Student must complete the Annual Student Loan Acknowledgement (if a loan borrower) at https://studentaid.gov unless the student will be graduating in the term that they were approved.

OFFICE USE ONLY

Date Received in OFA: _____

Student Name: _____ Date: _____

F.A. Counselor Name: Signature: Date:

Entered in PeopleSoft:

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.