



Office of Financial Aid
 3007 N. Ben Wilson
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 Victoria, TX 77901-5731
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 Email: finaid@uhv.edu

Academic Plan for Financial Aid Satisfactory Academic Progress (SAP)

Student's Name: _____ Email Address: _____

Student ID: _____ Home Phone: _____ Cell Phone: _____

Appealing for GPA

Please initial next to each statement

Undergraduate

My appeal has been *approved* for the _____ semester and I will be required **to achieve a minimum semester GPA of at least a** _____ . This requirement includes developmental classes.

I understand that I will **not** be allowed to drop or fail any courses during the Academic Plan term.

I understand that I must complete the Financial Awareness Counseling session at <https://studentloans.gov>. Provide a copy of the confirmation page showing successful completion. (Student loan borrowers only.)

Notes:

Graduate

My appeal has been *approved* for the _____ semester and I will be required **to achieve a minimum semester GPA of at least a** _____ .

I understand that I will **not** be allowed to drop or fail any courses during the Academic Plan term.

I understand that I must complete the Financial Awareness Counseling session at <https://studentloans.gov>. Provide a copy of the confirmation page showing successful completion. (Student loan borrowers only.)

Notes:

Appealing for Pace (formerly Hour Completion)

Current Pace: _____%

Please initial next to each statement

My appeal has been *approved* for the _____ semester and I will be required **to complete 100% of all enrolled credits**. Grades of “**I**”, “**F**”, and “**W**” will not count as completed and will result in a loss of financial aid eligibility for the following term.

I understand that I will **not** be allowed to drop or fail any courses during the Academic Plan term.

I understand that I must complete the Financial Awareness Counseling session at <https://studentloans.gov>. Provide a copy of the confirmation page showing successful completion. (Student loan borrowers only.)

Notes:

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.

Total # of **credits remaining for completion of my degree**.

Hours:

Grades of “**I**”, “**F**”, and “**W**” will not count as completed and will result in a loss of financial aid eligibility for the following term.

I understand that I must complete the Financial Awareness Counseling session at <https://studentloans.gov>. Provide a copy of the confirmation page showing successful completion. (Student loan borrowers only.)

Notes:

Student Name: _____ **Signature:** _____ **Date:** _____

F.A. Counselor Name: _____ **Signature:** _____ **Date:** _____

OFFICE USE ONLY

Date Received in OFA: _____

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.