A requirement for submitting a satisfactory academic progress appeal request for Federal and N.Y. State financial aid includes the development of an academic plan. You must meet with an Academic Advisor and develop a reasonable and attainable financial aid academic plan outlining the courses you need to complete for your program of study and a time-frame for completion. The plan should cover the terms in which you intend to enroll within the current academic year. The emphasis should be on those courses you need to complete your program of study and further your academic objectives. It is not necessary that you complete your program within the current academic year as long as substantive progress toward program completion is achieved. **Please note:** Students must also achieve minimum SAP requirements no later than the end of the Academic Plan's projected end date and/or graduation date to retain Title IV eligibility. An estimated grade of C+ or higher is needed for all courses listed below and any form of W grade(s) may impact your eligibility.

**Student Name:________________________________________**

**EMPLID:____________________**

**Major: ________________**

**Current Cum. GPA: ________**

**Expected Graduation Date: __________**

### Academic Plan Fall Semester

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<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Session 1 or 2</th>
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**Advisor Comments:**

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

**Student Certification**

I agree to abide by the terms and conditions of this financial aid academic plan as set forth by my Academic Advisor. I understand that my progress will be monitored each semester and that failure to comply with these conditions will result in the immediate suspension of my financial aid awards for the term(s) covered by this appeal.

____________________________________

Student’s Signature

Date

**Academic Advisor Certification**

I approve this financial aid academic plan, which, if followed, will assist the student in reaching program completion or an academic standing acceptable for Guttman’s graduation requirements.

____________________________________

Academic Advisor’s Signature

Print Name

Date