



Academic Plan of Study for Maintaining Federal Academic Progress

Student: _____ Major(s): _____ Semester: _____

Banner ID# _____ Minor(s): _____ Advisor: _____

Brockport Email: _____ Phone: _____

The below Academic Plan is a contract established between SUNY Brockport and the above student in consultation with their faculty advisor and the Academic Success Center. It is understood that the student must meet this contract's terms to remain eligible for federal (Title IV) financial aid. This plan will be monitored at the end of each semester. Failure to meet this plan's terms will result in the student being ineligible for federal assistance unless they meet the normal federal aid satisfactory progress standards. Please note that this plan relates to full time attendance only in the fall and spring semesters. Attendance less than full-time or summer or winter courses will require the plan to be amended.

NOTE: The deadline is on or before last day to drop classes for the semester you are in

Students are required to *successfully* complete **all** courses listed on their plan each semester. These courses must be directly associated with an outstanding requirement of General Education, major, minor or as a college requirement for graduation. Note: Federal aid may be received for one repeat of a passed course only, regardless of degree requirements. Repeating a passed course more than one (1) time requires 12 additional credit hours to be considered full time for federal aid requirements.

To continue, a student must remain matriculated. Students must obtain a 2.00 GPA or higher and maintain Pace for each semester while on the plan. For more information regarding the regulations for Satisfactory Academic Progress, please visit [www. https://www.brockport.edu/support/policies/](https://www.brockport.edu/support/policies/).

Failure to meet all requirements will result in termination of their plan and ineligibility for federal financial aid. Upon separation from the University, the plan is no longer valid.

I hereby agree to the terms of this Academic Plan as detailed above. I understand that failure to obtain the necessary signatures and return to the Academic Success Center by the **last day to drop classes for the semester** will result in my being ineligible for federal student aid for this term.

Failure to meet the requirements as detailed above will result in my being ineligible for federal student aid.

Signature of student: _____ Date: _____

I reviewed the above Academic Plan with my advisee and added any additional requirements that must be met.

Signature of advisor: _____ Date: _____

Signature of SAP Coordinator: _____ Date: _____

SUNY BROCKPORT: Academic Plan

<i>Example: Fall 2018</i>		<i>✓ if repeat and list grade</i>	<i>Grade at completion</i>
<i>PSH 110</i>	<i>3</i>	<i>_____</i>	<i>_____</i>
<i>Required Course</i>	<i>4</i>	<i>_____</i>	<i>_____</i>
<i>Elective</i>	<i>3</i>	<i>_____</i>	<i>_____</i>
<i>Elective</i>	<i>3</i>	<i>_____</i>	<i>_____</i>

Fall 20____ (course/credit hrs)	✓ if repeat & list grade	grade at completion	Winter 20____ (course/credit hrs)	✓ if repeat & list grade	grade at completion	Comments & Adjustments
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Spring 20____ (course/credit hrs)	✓ if repeat & list grade	grade at completion	Summer 20____ (course/credit hrs)	✓ if repeat & list grade	grade at completion	Comments & Adjustments
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____