



Name: _____

Campus ID Number: _____ Daytime Phone: _____

SAP APPEAL - DISQUALIFIED AFTER PROBATION

Students who fail to meet all CSULB SAP Standards after one semester on **Probation** are ineligible to receive additional financial aid. Students who wish to appeal their status may do so by submitting the SAP Appeal – Disqualified After Probation form. Due to the severity of the SAP Standards deficiency, an **Academic Plan** must be submitted along with the Appeal Form. The Academic Plan must result in the student either meeting – or coming closer to meeting – CSULB’s SAP Standards for Financial Aid Recipients.

Procedures:

1. Print and review your “SAP for Financial Aid” screen from MYCSULB. This screen should be used to assist in developing your academic plan and addressing your SAP Standard deficiencies
2. Complete Steps 1 – 4 of this form,
 - Should you need assistance developing your academic plan, consult your academic advisor.
3. Submit this form, your “SAP for Financial Aid” screen print out and any other documentation, to CSULB’s Office of Financial Aid.

If your appeal is approved, you will be expected to adhere to the academic plan submitted for each semester or any additional stipulations dictated by the Office of Financial Aid.

STEP 1: YOUR CURRENT ACADEMIC INFORMATION

Degree Objective: *Bachelor’s* *2nd Bachelor’s* *Master’s* *Teaching Credential*

Declared Major: _____ Expected Graduation Semester: _____

Step 2: REASON FOR NOT MEETING SAP STANDARDS

Indicate the extenuating circumstances that have caused you to not meet the minimum SAP Standards (examples include: illness, injury, etc.), specifically during the past semester when you were on **Probation**. Attach additional pages if needed.

Step 3: EXPLANATION OF STEPS FOR FUTURE SUCCESS

Describe the steps you have taken to address the circumstance(s) in Step 2, and how you will be able to follow the terms of the academic plan contained in this appeal. Include specifics on how the academic plan will satisfy your program/degree requirements and also lead you back to meeting the CSULB SAP Standards. Attach additional pages if needed.



Name: _____ Campus ID Number: _____

STEP 4: DEVELOP ACADEMIC PLAN

- Develop your academic plan detailing the courses that you will complete over the next two semesters. List each course you will register for AND complete **All attempted coursework must satisfy program/degree requirements.**
 - For each course, indicate the course name, course number, the number of units, and whether or not the course meets program/degree requirements.
- Your plan must ensure that any challenges you are currently facing are adequately addressed.
- **AT A MINIMUM, you must successfully complete all listed coursework on your Plan with a passing grade and maintain a term GPA of 2.0 for Undergraduate students (2.5 for Post-Baccalaureate students).**

NOTE: Post-Baccalaureate students and Seniors: You must submit an academic plan showing your specific path to graduation (program/degree completion). Attach additional sheets if you have more than two semesters remaining.

Academic Plan Semester 1 Term: _____

<i>Name of Course</i>	<i>Course Number</i>	<i>Units</i>	<i>Required for Program/Degree</i>

Total Semester Units: _____

Academic Plan Semester 2 Term: _____

<i>Name of Course</i>	<i>Course Number</i>	<i>Units</i>	<i>Required for Program/Degree</i>

Total Semester Units: _____

The number of semesters that it will take to return to meeting CSULB's SAP Standards depends on your specific situation; in the event you are not meeting the SAP Standards after two semesters – but have met the terms of your academic plan, you will need to submit a new plan (for the following two semesters).

Did you seek assistance from an advisor in developing your Academic Plan? YES NO

If yes, please indicate the advisors name: _____

STEP 5: STUDENT STATEMENT AND SIGNATURE

I agree that this academic plan is attainable for me and I agree to adhere to the terms of this academic plan if it is approved.

I understand that the Office of Financial Aid may approve my appeal and academic plan as submitted or may impose additional stipulations that I must achieve to be considered adhering to this academic plan. If I do not complete the requirements of this academic plan I will not be eligible to continue receiving financial aid.

If at any time I feel that I am in danger of not completing the requirements of this academic plan, I agree to contact my academic advisor and the Office of Financial Aid to discuss my situation and options.

Student Signature _____ **Date** _____

Return This Form and Supporting Documentation:

By Mail:
CSULB Office of Financial Aid
1250 Bellflower Blvd.
Long Beach, CA 90840-0106

By FAX:
(562) 985-4973
Be sure to indicate "Attention Financial Aid"

In Person:
Office of Financial Aid
101 Brotman Hall,
Financial Aid Window