

Satisfactory Academic Progress Degree Plan

Student Last Name

Student First Name

Student UID

Students who are not meeting the Satisfactory Academic Progress (SAP) requirements for federal financial aid purposes are placed on *SAP Warning* or *SAP Suspension* and asked to meet with their academic advisor to establish an academic plan that will result in the successful completion of his/her degree. Please visit www.financialaid.umd.edu if you wish to review the SAP policy.

Must be signed by both the student and academic advisor.

Student Information

Declared Major(s): _____

Anticipated Graduation Semester & Year: _____

Total Number of Credit Hours Required for Program/Plan: _____

Total Number of Credit Hours Earned Toward Degree (both transfer and UMCP): _____

Additional Credits Needed (including current enrollment): _____

Advisor Information

Academic Advisor's Name: _____

College Advisor's Email: _____@umd.edu

College/Department: _____

Please complete the academic plan on page two. Once the academic plan has been completed, please sign and date the bottom of page two.

Student Name: _____

UID: _____

SAP

Academic Year:			
Fall	Winter	Spring	Summer

Academic Year:			
Fall	Winter	Spring	Summer

Academic Year:			
Fall	Winter	Spring	Summer

Academic Year:			
Fall	Winter	Spring	Summer

Student Signature: _____

Date: _____

Academic Advisor Signature: _____

Date: _____

Date(s) Met With Student: _____

Please visit www.financialaid.umd.edu or contact our office if you have questions regarding this form. We can be reached at: umdfinaid@umd.edu