

## REVISED -- Academic Plan for Progress

NAME: \_\_\_\_\_ SID: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_@rams.shepherd.edu Anticipated Graduation Date: \_\_\_\_\_  
 Semester(s) which you are requesting financial aid:      Fall                      Spring                      Summer  
 Major: \_\_\_\_\_ Advisor: \_\_\_\_\_

Semester 1:		Fall	Spring	Summer		
Subject	Course #	Credits	Minimum Grade Recommended	Repeat?	Actual Midterm Grades	Actual Final Grades

**Minimum Required for Progress for *this* Semester: GPA \_\_\_\_\_ and or Hours Passed \_\_\_\_\_%**  
 Comments: \_\_\_\_\_

Semester 2 (Optional):		Fall	Spring	Summer		
Subject	Course #	Credits	Minimum Grade Recommended	Repeat?	Actual Midterm Grades	Actual Final Grades

**Minimum Required for Progress for *this* Semester: GPA \_\_\_\_\_ and or Hours Passed \_\_\_\_\_%**  
 Comments: \_\_\_\_\_

Semester 3 (Optional):		Fall	Spring	Summer		
Subject	Course #	Credits	Minimum Grade Recommended	Repeat?	Actual Midterm Grades	Actual Final Grades

**Minimum Required for Progress for *this* Semester: GPA \_\_\_\_\_ and or Hours Passed \_\_\_\_\_%**  
 Comments: \_\_\_\_\_

I understand that I must meet the **Minimum Required for GPA and/or Hours Passed %** for each semester above to be eligible for financial aid. Prior to altering my plan, I will contact the Academic Advisor/Campus Official *and* the Office of Financial Aid. I understand that if I do not, further eligibility for financial aid may be denied.

\_\_\_\_\_ Date \_\_\_\_\_ Academic Advisor/ Campus Official Signature Date \_\_\_\_\_  
 \_\_\_\_\_ Department \_\_\_\_\_ Academic Advisor/Campus Official Printed Name \_\_\_\_\_