Office of Financial Aid
Phone: 304-876-5470
Fax: 304-876-5238
Email: faoweb@shepherd.edu

Shepherd UNIVERSITY

Academic Plan for Progress

Section 1:

Name: _____ Student ID: _____

Major: _____ Advisor: _____

Anticipated Graduation Date: _____

Section 2: ☐ Fall ☐ Spring ☐ Summer

Year: _____

Subject	Course #	Credits	Repeat?	Minimum Grade Recommended	Actual Midterm Grade	Actual Final Grade

Section 3: Academic Advisor/Campus Official

Minimum required progress for *this* semester:

_____ GPA ☐ and ☐ or

_____ % Hours Passed

_____
Academic Advisor/Campus Official Printed Name

_____
Academic Advisor/Campus Official Signature Date

Section 4: Financial Aid Administrator

Actual progress for *this* semester:

_____ GPA

_____ % Hours Passed

Overall Results:

_____ GPA (Institutional)

_____ GPA (Cumulative)

_____ % Hours Passed

Section 5:

I understand that I must meet the minimum required progress for this semester 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.

_____
Student Signature Date

Revised 10/13/2020