

Office of Financial Aid Phone: 304-876-5470 Fax: 304-876-5238

Email: faoweb@shepherd.edu

## **Academic Plan for Progress**

Section 1:	
Name: St	udent ID:
Major:	Advisor:
Anticipated Graduation Date:	
Section 2:	☐ Summer
Year: Subject Course # Credits Repeat	Minimum Actual Actual Grade Midterm Final Recommended Grade Grade
Section 3: Academic Advisor/Campus Official Section 4: Financial Aid Administrator	
Minimum required progress for <i>this</i> semester:	Actual progress for <i>this</i> semester:
GPA 🔲 and 🔲 or	GPA
% Hours Passed	% Hours Passed
	Overall Results:
Academic Advisor/Campus Official Printed Name	GPA (Institutional)
	GPA (Cumulative)
Academic Advisor/Campus Official Signature Date	% 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	
Office of Financial Aid. I understand that if I do not	et the Academic Advisor/Campus Official and the