



**2019-2020 SATISFACTORY ACADEMIC PROGRESS APPEAL
ACADEMIC PLAN WORKSHEET (page 1)**

Please print clearly—illegible documents cannot be processed

Student Name: _____ Campus ID: _____

Program/Major: _____ Expected Graduation Date: _____ Cum GPA: _____

Complete the following section by listing all the courses you need to take each semester to complete your degree at UMBC (you should begin with your current semester of enrollment i.e.: Fall 2019). You must enroll only in courses necessary to complete your program of study. Attach an additional sheet if necessary.

Semester:	Semester:	Semester:
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Total:	Total:	Total:

Semester:	Semester:	Semester:
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Total:	Total:	Total:

If you are currently dismissed or suspended from UMBC, you should submit your appeal by the stated deadline date; however, you must be readmitted to the university before a decision can be made regarding your SAP appeal. Reinstatement to the university does not guarantee receipt of financial aid.

Student Signature _____ Date _____

Advisor Signature _____ Date _____



2019-2020 SATISFACTORY ACADEMIC PROGRESS APPEAL
ACADEMIC PLAN WORKSHEET (page 2)

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Student Name: _____ Campus ID: _____

IF YOU HAVE DECLARED A MAJOR, THIS SECTION OF THE FORM MUST BE COMPLETED BY YOUR DEPARTMENTAL ADVISOR. IF YOU HAVE NOT DECLARED A MAJOR, YOU MAY VISIT THE OFFICE OF ACADEMIC AND PRE-PROFESSIONAL ADVISING LOCATED IN SHERMAN HALL, B-WING, ROOM 224 (2nd FLOOR).

Advisor's Comments to SAP Committee after meeting with the student and reviewing their Academic Worksheet

I am the above named student's assigned academic advisor.

or

I am not the above named student's assigned academic advisor, but I am completing this academic plan review because: _____

- Yes No The courses listed on the plan (page 1) are required for graduation in the selected program of study.
Yes No Based on the student's academic performance, the student could reasonably be expected to complete the courses listed on the plan (page 1) for each semester.

Required: Please provide comments below. Consider including: explanations for answers of 'no' above, resources recommended to the student, concerns, or other relevant discussion points to assist in the appeal review process.

Blank lines for providing comments.

Advisor's Printed Name and Department

Advisor's Signature

Advisor's Phone Number

Date