

## ACADEMIC PLANNING WORKSHEET FOR FINANCIAL AID

This form must be used to support a student's appeal for the reinstatement of financial aid. Form must be filled out by student's academic advisor in the presence of the student.

Student's Name: \_\_\_\_\_ Student's ID#: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Are you switching majors?  Yes  No From what major? \_\_\_\_\_

Intended Major: \_\_\_\_\_ Program Start Date:  Fall  Spring  Summer 20\_\_\_\_(Year)

Anticipated Graduation: \_\_\_\_\_ Advisor Name: \_\_\_\_\_

Total Credits Required \_\_\_\_\_ - Total Credits Completed \_\_\_\_\_ = Total Credits Remaining \_\_\_\_\_

1. I support allowing the student an additional semester or semesters of aid eligibility contingent on successfully adhering to the following Academic Plan. Please indicate both a) resources the student will be expected to access as well as b) projected semester GPAs that will define a cumulative satisfactory progress of 2.0 and a 70% course completion rate.

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2. Please provide a list of program-required but not yet completed coursework that includes current semester enrollment and all future terms through graduation. Student may also attach a Program Evaluation Report from My Iowa Lakes portal, marking the classes remaining to complete the academic program and indicating the term and year the student plans to complete the courses. Include any prerequisites or developmental courses required for program acceptance.

Term: _____ Year: _____	Term: _____ Year: _____	Term: _____ Year: _____
<b>Courses</b>	<b>Courses</b>	<b>Courses</b>
<b>Credits</b>	<b>Credits</b>	<b>Credits</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Credits	Total Credits	Total Credits
_____	_____	_____
Term: _____ Year: _____	Term: _____ Year: _____	Term: _____ Year: _____
<b>Courses</b>	<b>Courses</b>	<b>Courses</b>
<b>Credits</b>	<b>Credits</b>	<b>Credits</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Credits	Total Credits	Total Credits
_____	_____	_____

The student must keep a copy of this completed form because it will need to be reviewed with advisor each semester until meeting standards again.

Please attach this form to your appeal paperwork when submitting it to the Financial Aid Office.

Signature of academic advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_