

**FORM SAPAP - IDAHO STATE UNIVERSITY** 19-20  
**SATISFACTORY ACADEMIC PROGRESS DEGREE PLAN**

**SAPAP-20**

**PURPOSE:** You have been denied financial aid because you have not met the financial aid satisfactory academic progress requirements. In order to evaluate if federal financial aid can be reinstated, the ISU Office of Financial Aid must verify the exact credit and course requirements needed to complete the stated degree or certificate. Please return this completed form with applicable attachments to:

**Office of Financial Aid, Idaho State University, Museum Building, Room 337**

**921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077**

**Phone: (208)282-2756**

**Fax: (208)282-4755**

**Email: [finaidem@isu.edu](mailto:finaidem@isu.edu)**

**Web: <https://www.isu.edu/financialaid/forms>**

**University Place, Bennion Student Union Building, Student Services Office**

**1784 Science Center Dr, Idaho Falls, ID 83402**

**Phone: (208)282-7704**

\*Student Name: \_\_\_\_\_  
 (Use blue or black ink) Last First M.I.

\*ISU ID: \_\_\_\_\_  
 (Find under Academic Tools tab on [BengalWeb](#))

\*Last 4 Digits of Social Security #: \_\_\_\_\_

\*Major: \_\_\_\_\_  
 \*Required

\*Degree or Certificate: \_\_\_\_\_  
 (e.g., BS, BA, etc.)

**Student:** In order to determine how many additional semesters of Financial Aid you need to graduate, complete this form by identifying all remaining requirements (general education, major, minor, electives, upper division, etc.). With the help of your department faculty member, identify the semester in which you plan to take the course. Be sure to bring a copy of your transcript with you when meeting with your faculty advisor or College of Technology counselor. A revised degree plan needs to be submitted by the 10<sup>th</sup> day of class.

**Faculty Advisor or College of Technology Counselor:** Please identify in which semester the student should take each course. After this degree plan is completed, please review and sign it verifying that all remaining credits and specific classes needed for the student to graduate are included or for a freshman or sophomore, two years of classes are included. Please make sure only those classes necessary to graduate are listed.

**Anticipated Graduation Date:** \_\_\_\_\_

Semester: _____ Year: _____			Semester: _____ Year: _____			Semester: _____ Year: _____		
Course	Title	Credits	Course	Title	Credits	Course	Title	Credits

Semester: _____ Year: _____			Semester: _____ Year: _____			Semester: _____ Year: _____		
Course	Title	Credits	Course	Title	Credits	Course	Title	Credits

**Attach additional pages if necessary.**

*I have met with this student and verify the classes listed here are needed to graduate in the identified major.*

I confirm that only those classes necessary to graduate are listed.

Advisor Name (print): \_\_\_\_\_ College: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**