

FORM SAPAP - IDAHO STATE UNIVERSITY 24-25
SATISFACTORY ACADEMIC PROGRESS DEGREE PLAN

SAPAP-25

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, Third Floor
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755 Email: financialaid@isu.edu
Scan and Upload: isu.edu/financialaid/upload

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: _____ *Last 4 Digits of Social Security #: _____
 (Find on MyISU)

*Major: _____ *Degree or Certificate: _____
 *Required (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 10th 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: _____																																																															
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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.