

Satisfactory Academic Progress (SAP) 2-Semester Academic Plan Agreement

Federal regulations require the Office of Scholarships and Financial Aid to monitor the academic progress towards earning a degree for students receiving financial aid. For this reason, your satisfactory academic progress (SAP) for financial aid is calculated each semester to verify that you have met all Federal SAP standards. Because you are currently not meeting minimum SAP standards and our office has determined that it may take you longer than one payment period to meet SAP requirements, the following Academic Plan must be followed to ensure you are making adequate progress towards your program completion. You must agree to and meet all requirements of the Academic Plan in order to be considered to continue to receive financial aid funds. *Please be aware, this plan is for financial aid assistance only and has no bearing on your academic standing. Academic appeals must be submitted and reviewed by your academic department.*

Last Name	First Name	MI	myUH ID
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Please read and initial each statement below:

_____ I understand that my academic progress calculations show that I have **not met minimum SAP standards** in order to receive financial aid.

_____ I understand I must adhere to all requirements of this academic plan in order to receive financial aid for this semester, and to be considered for financial aid for future semesters.

_____ I understand the SFA office encourages full-time enrollment (at least 12 hours Undergraduate, 9 hours Graduate) **for the next two (2) semesters** in courses that are included in my degree plan or are prerequisites to be admitted into another degree program.

_____ I understand I must complete 100% of the courses that I enroll in and may not withdraw or receive incomplete and failing grades in these courses.

_____ I understand I must earn a minimum **semester GPA of 2.25** as an Undergraduate student, or a **3.25** as a Graduate student **for the next two (2) semesters**.

_____ I understand that if I do not meet the SAP Appeal Plan requirements, I will not receive financial aid until I meet minimum cumulative SAP Standards.

_____ I understand that submitting this academic plan agreement will allow me to receive financial aid on a conditional basis and does not waive my financial obligations to the University of Houston.

Student Signature _____ **(NO ELECTRONIC SIGNATURES)**

Date of Academic Plan submission: _____

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.

UNIVERSITY of HOUSTON
OFFICE OF SCHOLARSHIPS & FINANCIAL AID

For Office Use Only

Semester Plan Begins: Fall 20_____ Spring 20_____ Summer 20_____ Staff Name: _____ Date: _____