This student is currently not eligible for financial aid for one or more of the reasons listed below. We are requesting your assistance in assessing the student's academic record. Please develop the Academic Plan in consultation with the student. Be as specific as possible, and include any required or restricted courses and any restrictions on full-time enrollment.

- **Student’s Cumulative GPA less than 2.0 for Undergraduate or 3.0 for Graduate**
  1. Provide a plan of work (courses and course load) in which the student is advised to enroll in order to raise cumulative GPA to proper level.
  2. Please include in the comments section (if appropriate) the grades and/or length of time it will require for the GPA to proper level.

- **Student did not Successfully Complete 70% of Attempted Hours**
  Outline courses and/or course load in which the student is advised to enroll that will allow him/her to successfully complete at least 70% of his/her course load.

- **Student Exceeded the Maximum Number of Attempted Hours for Degree Completion. Please see SAP policy at www.finaid.ucf.edu/receiving/sap.html for the maximum number of undergraduate and graduate hours.**
  1. Provide a plan of work (courses and/or course load) in which the student is required to enroll that will successfully progress him/her toward completion of his/her program.
  2. Include the length of time it will take for the student to complete his/her program.

Please check the reason/s student exceeded the maximum attempted credit hours:

- [ ] Change of Major
- [ ] Repetitive Coursework
- [ ] Excessive Transfer Credits
- [ ] Seeking Additional Degree
- [ ] Completion of Major/s
- [ ] Seeking Minor/s
- [ ] Completion of Certificate/s
- [ ] Courses Transferred from High Sch.

Has the student had a major change at UCF? ___Yes ___No
If yes, how many credits from the student’s first declared major are not counting towards the student’s current major? ____

- **Student did not meet financial aid probation, Graduate Certificate Student, or Other**
  1. Provide a plan of work (courses and/or course load) in which the student is required to enroll that will successfully progress him/her toward completion of his/her program. If this is a Graduate Certificate student, only include required courses toward the certificate program.
  2. Please comment in regards to details SFA should know in regards to student’s situation.

**Academic History:**
(1) Has the student completed all required courses for a bachelor’s/master’s/doctoral degree or Certificate? ___Yes ___No
(2) Was the student admitted to UCF as a transfer or did the student earn college credit in high school? ___Yes ___No
  If yes, how many of the transfer hours or high school credits were applied to the degree that the student is working towards? _______
(3) If student has declared minor, is it required for the degree? ___Yes ___No
  Student has not declared a minor.
(4) Remaining credit hours needed to complete degree or certificate program requirements (including current term): _______
(5) Timeframe for degree completion (expected graduation): _________________
(6) Is the student seeking a double major? ___________ If yes, please complete a separate Academic Plan for each major.

**Comments/ Recommendations** (attach additional sheets if necessary):

____________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Signature (Academic Advisor/ Department Head/ Dean ONLY): ________________________________

Print Name: __________________________ Title/Department: ________________________________

Phone number: _________________________ Email: ________________________________
### Academic Plan for Financial Aid (Part 2)

To be completed by the Academic Advisor/Department Head/Dean ONLY

Plan of course work to raise GPA, increase course completion ratio to 70%, and/or meet completion requirements. Courses listed must be required for completion of student’s degree. **List Minor courses only if required for major.**

Start with current term.

If the student has electives that cannot be named please attach a list of electives the student can choose from.

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<th>Required?</th>
<th>credit hours per class</th>
<th>Term</th>
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<th>Required?</th>
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I, _____________________________ attest that all information provided is true and complete, and I agree to and understand that I must abide by the Academic Plan (Part 1 & Part 2) set up by my academic advisor. I also understand that if I do not abide by the plan, I will lose eligibility for financial aid.

Student’s Signature: ___________________________ UCF ID: __________________ Date: ___________

Below to be completed by the Academic Advisor/Department Head/Dean ONLY

☐ I certify that the information is correct and that I have spoken with the student in regards to the academic plan.

Signature (Academic Advisor/Department Head/Dean): ___________________________

Print Name: ___________________________ Title/Department: ___________________________

Phone number: ___________________________ Email: ___________________________

Office of Student Financial Assistance
Millican Hall, Room 107  ○ Orlando, Fl 32816-0113   ○ Phone: (407) 823-2827 ○ Fax: (407) 823-5241
www.finaid.ucf.edu

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