



ACADEMIC PLAN & ELIGIBILITY CONTRACT

Academic Year \_\_\_\_/\_\_\_\_

An Academic Plan must be completed jointly by you and your academic advisor. This plan is required for students who are not meeting Satisfactory Academic Progress (SAP), as defined under Federal Regulation 668.34 of the U.S. Department of Education.

The purpose of the Academic Plan is to guide students back into compliance with SAP standards while keeping them on track for graduation. The plan is monitored throughout the academic year to ensure continued progress.

To be considered for financial aid reinstatement, the completed Academic Plan and Eligibility Contract must be uploaded to the student portal or submitted in person to the Financial Aid Office.

PART A - STUDENT INFORMATION

Name: First, Last and Middle initial	Student ID#	Phone:
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PART B - ACADEMIC ADVISOR SECTION

Federal regulations require the institution to establish an Academic Plan-of-Action for students who have failed to meet [SAP Standards](#).

Academic Advisor – Please work with the student to develop a planned curriculum to ensure that s/he has a realistic two semester academic plan and that coursework listed is required for the student's declared program. Once this plan is developed and agreed upon, please sign and date the Academic Plan. The student cannot receive financial aid without this document.

Degree Program \_\_\_\_\_ Is this a Change of Major? ☐ Yes ☐ No

Expected Graduation Date \_\_\_\_\_ Current Cumulative GPA \_\_\_\_\_ Cumulative Degree Hour \_\_\_\_\_

First Semester: \_\_\_\_\_

Course Name	Course Number	Credit Hours	Repeat Y/N	Required for Major

Second Semester: \_\_\_\_\_

Course Name	Course Number	Credit Hours	Repeat Y/N	Required for Major

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

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

## ELIGIBILITY CONTRACT

### **PART C - STUDENT SECTION**

In accordance with the [Financial Aid Satisfactory Academic Progress](#) policy, I \_\_\_\_\_ agree that I will fulfill each of the following terms of this agreement.

Students **must initial** each statement below. **Do not** mark "X"

\_\_\_\_\_ I understand that I am only allowed to enroll in the courses listed in part B above.

\_\_\_\_\_ I will maintain a 2.0 GPA (undergraduate students) or a 3.0 GPA (graduate students).

\_\_\_\_\_ I will successfully complete more than 67% of the attempted courses I register for each term.

\_\_\_\_\_ In the event I am unable to complete a course(s), I will notify my Academic Advisor and my Financial Aid Advisor immediately.

\_\_\_\_\_ I will attend class regularly.

\_\_\_\_\_ I will meet with my instructors or academic advisor regularly to monitor my academic progress.

\_\_\_\_\_ I will utilize services offered by Lindenwood University, as appropriate. These may include the Student and Academic Support Services (SASS), Tutoring Services, Writing Center, and/or Student Counseling at the Wellness Center.

\_\_\_\_\_ I will monitor my 4-week grades, mid-term grades and final grades through my student portal.

\_\_\_\_\_ I will check my Lindenwood University email on a regular basis as it is the official means of communication on campus.

### **PART D - CERTIFICATION**

**Student:** By signing below, I acknowledge that I have read and understand the terms of this agreement. If my financial aid appeal is approved, I agree to comply with these terms to maintain my eligibility for federal, state, and institutional financial aid. If I fail to meet the terms of this agreement, I will lose eligibility for the following programs:

- Federal Pell Grant
- Federal Supplemental Educational Opportunity Grant (FSEOG)
- Federal Direct Student Loans (Subsidized, Unsubsidized, Parent PLUS, and Grad PLUS)
- Federal Work-Study
- Access Missouri Grant
- Missouri Bright Flight Awards
- Various university grants and scholarships

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Lindenwood University's Financial Aid Office is committed to helping students. For questions or assistance, please contact your [Financial Aid Advisor](#) or emails [sfs@lindenwood.edu](mailto:sfs@lindenwood.edu).