



**ACADEMIC PLAN & ELIGIBILITY CONTRACT**

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

Academic Plan to be completed by you and your academic advisor of record. Academic Plans are required for students who are not making Satisfactory Academic Progress (SAP) under Federal Regulation 668.34 of the U.S. Department of Education. Academic Plans are intended to help students regain financial aid eligibility while keeping them on a direct path to graduation. Throughout the academic year the Academic Plan is monitored. Student should return the completed form along with their financial aid appeal letter and eligibility contract.

**PART A – STUDENT INFORMATION**

Name (last, first, middle initial)

Student ID#

Phone (include area code)

**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 as defined by the Department of Education. Financial Aid SAP eligibility is not the same as Academic Probation.

**Academic Advisor** – Please work with the student to develop a planned curriculum to ensure that s/he has a realistic two term 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 federal financial assistance without this document. If you have any questions concerning our SAP policy, please contact the Compliance Officer at 636-949-4619 or refer to the policy in our catalog.

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

Expected Graduation Date: \_\_\_\_\_ Current Cumulative GPA: \_\_\_\_\_ Cumulative Degree Hours: \_\_\_\_\_

First Term: \_\_\_\_\_

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

Second Term: \_\_\_\_\_

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**

I \_\_\_\_\_ agree that I will fulfill each of the following terms of this agreement to continue to receive my Financial Aid at Lindenwood University while on Financial Aid Suspension Probation to obtain SAP.

#### **Students must initial Each Statement**

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

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

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

\_\_\_\_\_ In the event I am unable to complete a course, I will notify my advisor and the Financial Aid Compliance Officer immediately.

\_\_\_\_\_ I will attend class regularly and arrive to class on time.

\_\_\_\_\_ I will meet with my instructors 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), Student Counseling at the Wellness Center and/or Writing 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, you agree to adhere to the terms of this agreement to retain your eligibility for federal and state aid, and you acknowledge that you have read and understand that failure to meet the terms of this agreement will result in the forfeiture of future financial aid eligibility for the following programs: Federal Pell Grant, Federal Supplemental Educational Opportunity Grant (SEOG), Federal Direct Student Loans (Subsidized, Unsubsidized, Parent Plus, Grad Plus), Federal Work-Study, Access Missouri Grant, Missouri Bright Flight awards, and various university grants. Students who have lost financial aid eligibility, may request to have their eligibility reinstated once SAP standards have been met.

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

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

Lindenwood University's Financial Aid Office is committed to helping students. Any student needing clarification or assistance on SAP or any other issues related to financial assistance, please contact our office at 636-949-4923. Email your signed and completed Academic Plan to **SFS@lindenwood.edu** Attn: **SAP Committee**.

Financial Aid Office Only - Date Received: \_\_\_\_\_