



# Education Plan

Student's intent/goal (indicate one)

AS/AA degree \_\_\_\_\_ AASdegree \_\_\_\_\_ Certificate \_\_\_\_\_ Program \_\_\_\_\_  
(Must be the same as program on file with

the Records Office)

Expected degree completion date \_\_\_\_\_  
Month Year

This section must be completed and signed by **an academic advisor and the student. The plan must be completed semester by semester.**

Fall 20 \_\_\_\_\_

Course Name & # SHC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spring 20 \_\_\_\_\_

Course Name & # SHC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summer 20 \_\_\_\_\_

Course Name & # SHC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fall 20 \_\_\_\_\_

Course Name & # SHC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spring 20 \_\_\_\_\_

Course Name & # SHC

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summer 20 \_\_\_\_\_

Course Name & # SHC

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Fall 20 \_\_\_\_\_

Course Name & # SHC

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\_\_\_\_\_

Spring 20 \_\_\_\_\_

Course Name & # SHC

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summer 20 \_\_\_\_\_

Course Name & # SHC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor's signature \_\_\_\_\_ Date \_\_\_\_\_

Certification: I certify the information contained in this Satisfactory Academic Progress Appeal form and any supporting documentation is accurate and complete. I will provide additional information requested by an authorized official. I realize my appeal form will not be considered without this information. I understand any false information will be cause for denial, reduction and/or repayment of federal funds and may subject me to a fine or imprisonment or both, under provisions of the U.S. Criminal Code.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_