## SATISFACTORY ACADEMIC PROGRESS PLANNING FORM FOR FINANCIAL AID RECIPIENTS

Student Name:	CLC ID#:	Date:
Counselor Name:		
Students receiving Title IV financial assistance (grant academic progress, as defined by the Department of degree or certificate. Satisfactory academic progress TIME FRAME LIMITATION AND GRADE POINT AVERA	f Education, while enro	olled in a program that leads to a
You must satisfy all three of these standards of prog determined that you are not in compliance with the denial of your financial aid awards. Please note that evaluation process.	Satisfactory Academic	Progress Policy, resulting in the
Counselors: PLEASE RETURN THIS FORM T	O THE OFFICE OF FINA	ANCIAL AID FOR PROCESSING
<ol> <li>Student is not meeting Time-Frame Limitation (T</li> <li>Complete a graduation checklist with a Cour</li> <li>Maintain a 2.0 cumulative GPA.</li> <li>Not earn an F grade.</li> <li>Not withdraw from any classes (W, WN, WS</li> <li>Other:</li> </ol>	nselor. Program of Stu	
<ul> <li>Student is not meeting Cumulative Grade Point A</li> <li>1. Earn a minimum of 2.0 GPA for each term.</li> <li>2. Not earn an F grade.</li> <li>3. Other:</li> </ul>	Average (GPA) Standard	d of 2.0 or higher. Student will:
<ul> <li>Student is not meeting Course Completion Rate</li> <li>Not earn an F grade.</li> <li>Not withdraw from any classes (W, WN, WS</li> <li>Other:</li> </ul>		ent will:
I understand that if I fail to meet the conditions of the meet Satisfactory Academic Progress standards.	nis Academic Plan, I wil	l lose financial aid eligibility until I
Student Signature	Date	
If the student meets the above requirements, he/shoten term/session. If not, he/she will be required to mee financial aid eligibility will be impacted.		

Date

**Counselor Signature**