Continuation of Academic Plan

STUDENT NAME (print): ___________________________ UIN: ___________________________

You were granted an appeal and established an academic plan to improve your academic performance to meet the minimum Satisfactory Academic Progress standards. This form is submitted to continue your academic plan.

Identify the semester for which you are submitting this plan: Fall 20____  Spring 20____  Summer 20____

Your Academic Plan – As part of the appeal, a student must document extenuating circumstances that prevented him or her from meeting the requirements, as well as develop and agree to an Academic Plan leading to graduation. Complete the plan below and meet with your academic advisor, so that you can agree on the specific steps and performance needed to complete your degree or certificate. Please note that these must meet the Satisfactory Academic Progress standards.

ACADEMIC PLAN PROJECTION (Completed by your academic advisor)

Your Current Overall ODU GPA _________ Major: _____________ Total Credits Earned (include transfer earned): _____________
In the next semester, you must earn this number of credits ____________
In the semester(s) below, you must earn this GPA as indicated? Minimum 2.0

With your academic advisor, construct a plan of study for three semesters or through the semester you expect to graduate (whichever is less). Beginning with the current semester (or your next planned period of enrollment if not currently enrolled), list the SEMESTER, THE COURSE, COURSE NUMBER, AND CREDITS. Only include credits for courses that are necessary for proper academic progress toward completing your degree(s).

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<tr>
<th>Semester and Year: _______</th>
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<tr>
<td>Credit Hours</td>
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The Minimum Term GPA in these terms will be dependent on the GPA you achieve in the first semester of this plan.

I understand that by signing this plan, I am agreeing to the conditions specified below to maintain my financial aid eligibility.

- I will maintain a minimum 2.0 GPA for each term
- I understand that course grades of “I” will not be counted
- I understand that I must complete/pass all classes attempted
- I understand that I cannot withdraw from any classes after the drop/add deadline
- Failure to meet any of the above will result of aid cancellation and is not appealable.

I have discussed the above terms and academic plan with the student, so that the student can meet the Satisfactory Academic Progress (SAP) standards to maintain his/her financial aid eligibility toward the major the student is pursuing.

ACADEMIC ADVISOR’S NAME: ___________________________________ DATE: ___________________

ACADEMIC ADVISOR’S SIGNATURE: ___________________________ DATE: ___________________

CERTIFICATION: I certify that the information on this form and any attachments is complete and accurate. I understand that I am responsible for meeting any payment deadlines while waiting for an appeal decision and approval of my appeal is not guaranteed. I understand that if my appeal is approved, my academic progress will be reviewed each semester and my failure to meet the conditions of my approved appeal will result in the loss of my financial aid. If my appeal is approved for one term, I understand that the University must compare my new grades to my academic plan to measure my success. If I did not meet the terms of the appeal, I will not be eligible for financial aid. If I have registered for classes and cannot afford the classes, I should withdraw from the classes I cannot afford. I understand that a second appeal will not be granted.

STUDENT SIGNATURE: ___________________________ DATE: ___________________

FINANCIAL AID COUNSELOR ___________________________________ APPROVED _______ DENIED _______ DATE ___________