

Satisfactory Academic Progress Petition Academic Plan of Work

To be completed if an academic plan of work was requested or a previously submitted academic plan of work has changed. ***This is to be completed by a Dean, Department Head or Academic Adviser.***

- Only courses that are required for your degree will be considered when determining eligibility for all financial aid.
- List only courses for the term you have checked.

_____ Student Name

_____ UFID

| Semester | Course | Required? |
|---|--------|--|
| <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Recommended course load for this semester = _____
 AND
 Remaining credit hours needed to complete degree or certification requirements = _____
(including this semester)

Advisor comments: _____

_____ Academic Adviser Signature/Date

_____ Email Address/Phone Number

No Electronic Signatures.