

## 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 an academic adviser.***

- Only courses that are required for your degree will be considered when determining eligibility for all financial aid.

\_\_\_\_\_ 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 = _____		
Remaining credit hours needed to complete degree or certification requirements = _____ <b><i>(including this semester)</i></b> or Length of time for student to meet Satisfactory Academic Progress Standards = _____ (i.e. 1 semester, 2 semesters)		

Adviser comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Academic Adviser Signature/Date \_\_\_\_\_ Email Address/Phone Number \_\_\_\_\_