

## Financial Aid Satisfactory Academic Progress: Graduation Plan

**Student's Name:** \_\_\_\_\_ **USC ID:** \_\_\_\_\_

This form must be completed by students who will exceed or have exceeded their Maximum Timeframe. Explain your situation and submit supporting documentation. **All requested documentation must be attached to this form or this appeal will not be accepted.**

**Include the following:**

- ✓ A completed appeal form.
- ✓ A typed Statement. Address all academic terms when you withdrew or experienced academic problems. Explain any mitigating circumstances (such as illness or death in your immediate family). Include all actions you took in effort to meet your responsibilities during the time of your mitigating circumstances. Explain how you have improved your circumstances and how you plan to be academically successful in the future.
- ✓ Documentation. Provide proof that the event you describe occurred (medical records, police reports, death certificates, etc.)
- ✓ Complete a Graduation Plan. Work with your advisor to complete the following:
  1. If you are a first-semester transfer student, view your transcript to ensure that all credits from previous institutions have transferred as you expected. If you believe there are omissions, see the campus Admissions Office.
  2. Identify all degree requirements you have not fulfilled, including your general education requirements.
  3. Map out all the courses you need to graduate in the order you plan to take them. If there are required courses or you require a specific GPA for admission to your major, consider those in your plan.
  4. Submit your completed Graduation Plan to your faculty advisor for review and approval.
  5. Once you have your advisor's approval, submit your plan to the Financial Aid Office.

### Graduation Plan: Courses Required to Complete Degree Only

Fall 20____		Spring 20____		Summer 20____	
Course (Subject / Section)	Credit Hours	Course (Subject / Section)	Credit Hours	Course (Subject / Section)	Credit Hours

  

Fall 20____		Spring 20____		Summer 20____	
Course (Subject / Section)	Credit Hours	Course (Subject / Section)	Credit Hours	Course (Subject / Section)	Credit Hours

Student's major/course program of study: \_\_\_\_\_ Est. Graduation Date: \_\_\_\_\_

Hours earned toward degree: \_\_\_\_\_ Remaining hours needed to complete degree: \_\_\_\_\_

Prior Degree(s) / date earned (or previous major(s) if applicable:

1. \_\_\_\_\_ 2. \_\_\_\_\_

### FASAP Appeal Certification Statement

*With my signature I certify that the information I have submitted is true and correct to the best of my knowledge. I have read each section and provided the required documentation explaining why I could not complete my classes and what will be different about the upcoming semester(s). I understand that appeal decisions are processed on a case-by-case basis. If approved, I understand that I will be expected to make academic progress in all future semesters. I have read the FASAP policy. I understand that the completion of this appeal does not constitute an approval of my appeal and that I will receive written notification of the final decision.*

**Student's Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### To be completed by the Academic Advisor or Counselor in Academic Counseling Center

This section is to be completed by the student's academic advisor or by a counselor in the Academic Counseling Center before the form is submitted by the student to the Financial Aid Office.

*With my signature I certify that I have reviewed the academic record of the student listed above and have determined that the student will be able to continue in his/her program of study. I also confirm that the above listed courses are required for this student to complete his or her degree and these courses are required for the student to graduate.*

**Academic Advisor/Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_

### Do Not Write Below This Line. To Be Completed by the Financial Aid Appeal Committee

Academic Year:		Appeal Term	<input type="checkbox"/>	Fall 2025	<input type="checkbox"/>	Spring 2026	<input type="checkbox"/>	Summer 2026
<input type="checkbox"/>	Appeal Complete	<input type="checkbox"/>	Appeal Not Complete (document then return with denial or request for more info)					
Cumulative GPA:		# Attempted Hours:		# Hours Earned:				
<b>Maximum Timeframe Appeal based on:</b>								
<input type="checkbox"/>	Seeking 2 <sup>nd</sup> UG degree	<input type="checkbox"/>	Change of major	<input type="checkbox"/>	Seeking teacher certification	<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Appeal Denied	Reason for denial:						
<input type="checkbox"/>	Appeal Approved with graduation plan							
Graduation plan criteria and/or additional stipulations:								

**FASAP Committee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FASAP Committee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If applicable, 2<sup>nd</sup> Level Committee Review Results: \_\_\_\_\_

<input type="checkbox"/>	FASAP Status updated	<input type="checkbox"/>	Updated RPAAWRD	<input type="checkbox"/>	Commented on RHACOMM		FAO Initials
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