



Texas College Academic Plan for Satisfactory Academic Progress (SAP) Appeal

_____	_____	_____	____/____/____
Student Last Name	First Name	Student ID #	Date of Meeting
____/____	_____ - _____	_____ - _____	_____ - _____
Expected Graduation Mo./Yr.	Academic Year (ex. 2016-2017)	Phone Number	

Student and Dean/Director to meet and complete plan together:

- **Cumulative GPA (current):** _____
- **Cumulative GPA (needed to retain aid by conclusion of semester):** _____
- **Semester GPA target (needed to improve cumulative GPA required above):** _____

Student Assessment of Obstacles to Academic Success: *(Student to check all that apply)*

Academic	Study Skills	Personal	Family/Social
___ What "worked" in high school no longer works	___ Time management	___ Lack of motivation	___ Homesick
___ Unprepared for exams	___ Organizational Skills	___ Procrastination	___ Difficulty adjusting
___ Poor attendance/skipped class	___ Reading Comprehension	___ Pressure/stress	___ Difficulty making friends
___ Tardiness/late for class	___ Writing Skills	___ Health Issues	___ Roommate issues
___ Uncertain about major	___ Test Taking Anxiety	___ Disability (diagnosed or possible)	___ Relationship Issues
___ Unaware of campus resources	___ Note Taking	___ Financial concerns	___ Family Issues
___ Course(s) too advanced	___ Other: _____	___ Sports/Extracurricular	___ Other: _____
___ Other: _____		___ Work (# hrs./wk.: _____)	
		___ Other: _____	

Student Identification of Changes Needed to Improve Academic Performance: *(Student to complete)*

1. _____
2. _____
3. _____
4. _____

Referrals: (Dean/Director to check all that apply)

<input type="checkbox"/> Career Planning	<input type="checkbox"/> Campus Security
<input type="checkbox"/> Dean of the Lower College	<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Dean of Students	<input type="checkbox"/> Health Center
<input type="checkbox"/> Default Manager	<input type="checkbox"/> Residence Life
<input type="checkbox"/> Dominion R. Glass Library	<input type="checkbox"/> Other:
<input type="checkbox"/> Student Learning Center (SLC)	

Recommendations: (Dean/Director to check all that apply)

<input type="checkbox"/> Utilization of professor's office hours	<input type="checkbox"/> Math Tutor
<input type="checkbox"/> Consider change of major/school	<input type="checkbox"/> Writing Center
<input type="checkbox"/> Consider course withdrawal	<input type="checkbox"/> Peer Tutoring
<input type="checkbox"/> Increase study time	<input type="checkbox"/> Follow up appt. (Date: _____)
<input type="checkbox"/> Identify and utilize study location (i.e.: study lounge, library, etc.)	<input type="checkbox"/> Other
<input type="checkbox"/> Establish peer study group	<input type="checkbox"/> Other

Student Signature

Date

Dean/Director Signature

Date

Please Note: In order for the Financial Aid Appeals Committee to review a student's financial aid appeal (need-based aid only), the *Satisfactory Academic Progress Appeal Form* (www.texascollege.edu), a personal statement from the student and Academic Plan (completed by student and Dean of the Lower College) must be submitted to the Office of Financial Aid by July 1.

Texas College - Satisfactory Academic Progress standards policy: www.texascollege.edu