Federal regulations require that a student be making satisfactory academic progress (SAP) toward a degree/certificate to be eligible for financial aid. The Financial Aid Suspension Appeals committee has determined that you cannot make satisfactory academic progress within one trimester or you have asked for permission to exceed your maximum hours in order to obtain your degree/certificate.

To continue to be eligible for financial aid at CMN, you must agree to and follow this academic plan which has been developed by you and your advisor. Failure to do so will make you ineligible for financial aid at CMN.

<table>
<thead>
<tr>
<th>NAME</th>
<th>CWID</th>
<th>Current Program/Major</th>
<th>Effective Term of Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Academic Advisor: ____________________________  
E-mail: ____________________________  Phone: ____________________________

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CURRENT PACE:  

<table>
<thead>
<tr>
<th>Completed Credits</th>
<th>=</th>
<th>credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attempted Credits</td>
<td>=</td>
<td></td>
</tr>
</tbody>
</table>

** Repeated and P/NP courses are counted in PACE

CREDITS TO RE-ESTABLISH PACE (67%):  
Completion Rate (PACE) is > 67%  
Credits Needed to Reach 67% Completion (PACE)

<table>
<thead>
<tr>
<th>(Total Completed)</th>
<th></th>
<th>(Total Attempted)</th>
</tr>
</thead>
</table>

** An Academic Plan REQUIRES that the student completes 100% of the courses attempted each semester with a “C” or better

REQUEST TO EXCEED MAXIMUM HOURS - APPROVED

CURRENT GRADUATE/RETENTION G.P.A.: _______  

ACADEMIC PLAN:

☐ Meet with Academic Advisor (schedule)  

Plan of Action: ________________________________________________

Graduation Term (per academic advisor): ____________________________

By signing this form, the student agrees that he/she will follow the academic plan agreed upon above in order to continue to be eligible for financial aid. The student must complete 100% of the courses attempted each trimester in order to graduate/meet SAP by the term listed above.

Student Signature ____________________________ Date ____________  
Academic Advisor Signature ____________________________ Date ____________

Student should return form to the CMN Financial Aid & Scholarships office and meet with the Financial Aid Coordinator.