



Office Use Only  
PLANG

REVIEW OF GRADUATE EDUCATIONAL PLAN FOR  
STUDENT FINANCIAL AID

Office of Financial Aid and Scholarships

P.O. Box 3011 Commerce, Texas Phone: 903.886.5096 Fax: 903.886.5098

[FAO.Appeals@tamuc.edu](mailto:FAO.Appeals@tamuc.edu)

STUDENT NAME

CWID

Instructions to student: Please circle the current class level and check the semester you are appealing.

	<b>Check Current Classification:</b>	<b>Master's</b>	<b>Doctoral</b>	
	<b>SUMMER 2018</b>	<b>FALL 2018</b>	<b>SPRING 2019</b>	<b>SUMMER 2019</b>
<i>Appeal Deadline</i>	<i>June 1, 2018</i>	<i>August 17, 2018</i>	<i>January 11, 2019</i>	<i>May 17, 2019</i>

Student Signature

Date

**To the Advising Center/Academic Advisor:**

**Students must meet minimum requirements to continue receiving financial aid.**

**All students must complete a minimum number of hours based on attempted hours at the start of the semester.**

**All students must complete the semester with a minimum GPA based on their class level.**

**Graduate Students:**

**Attempting 6 to 8 hours must complete no less than 6 credit hours**

**Attempting 9 hours or more must complete no less than 6 credit hours**

**Master level students have 6 years from when admitted to the degree program to complete the degree**

**PhD level students have 10 years from when admitted to the degree program to complete the degree**

This student did not meet the SAP requirements for the semester identified. This is the second time and the student needs to be placed on an educational plan that will result in successfully meeting the minimum financial aid standards of progress as outlined above.

Please review this student's academic history and complete the following below.

**This section is to be completed by a representative of the advising center/academic advisor:**

Student's Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Is the student making reasonable progress towards completing his/her degree? \_\_\_\_\_

Has an educational plan been established for this student?

NO. The educational plan is outlined on the back of this form.

Is the student following an educational plan enabling the student to successfully meet the minimum financial aid standards of progress within a reasonable timeframe.

YES. Student met the educational plan and is making progress towards completion of the degree. The student is no longer required to be on an educational plan.

NO. Student did not meet an educational plan agreement and will not be able to fulfill that agreement on the designated timeline.

Academic Advisor Name (Please Print)

College

Academic Advisor Telephone

Academic Advisor Email

Academic Advisor Signature

Date

**GRADUATE EDUCATIONAL PLAN FOR STUDENT FINANCIAL AID**

**Instructions to student:**

As a condition of the approval of your financial aid suspension appeal request, you are required to follow the educational plan outlined below by a representative of the Academic Advising Center / Academic Advisor. Your progress will be monitored at the end of the semester(s). Failure to follow or meet the educational plan will result in cancellation of this educational plan and future financial aid will not be available.

\_\_\_\_\_  
**STUDENT NAME**

\_\_\_\_\_  
**CWID**

**This section is to be completed by a representative of the Advising Center/Academic Advisor**

Based on the review of this student’s academic history, the recommendation is for this student to adhere to the following conditions.

**End of Semester minimum GPA Requirement**

This student needs only to complete the \_\_\_\_\_ semester with the minimum end of semester GPA for the class level.

**Institutional cumulative GPA Requirement**

The student will need more than 1 semester to achieve the minimum institutional cumulative GPA as required for the class level. The student will need \_\_\_\_\_ semester(s) in order to achieve the minimum institutional cumulative requirements. The end of the semester(s) GPA is outlined below:

Semester 1: Minimum end of semester GPA must be \_\_\_\_\_ Semester 2: Minimum end of semester GPA must be \_\_\_\_\_

If more than 2 semesters are needed to reach the minimum institutional cumulative GPA, please indicate below what is the requirement for this student.

\_\_\_\_\_  
\_\_\_\_\_

**Attempted hours vs completion hours within a semester/term of enrollment**

Based on the academic history for this student, it is recommended the student register in no more than \_\_\_\_\_ credit hours for the \_\_\_\_\_ semester.

As the representative of the College of \_\_\_\_\_ Advising Center, the above conditions have been explained to the student.

Advising Center Representative’s Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

**Student’s Acknowledgement and Acceptance of the educational plan outlined.**

I understand I am expected to:

- 1. Follow the guidelines outlined above as condition of the approval of my financial aid appeal.
- 2. Notify the Academic Advising Center representative and the Office of Financial Aid & Scholarships if at any point in time during the semester I am not able to continue meeting the conditions outlined above.

I understand that **failure to not meet the guidelines outlined above will result in suspension of future financial aid.**

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_