# Satisfactory Academic Progress

## Timeframe Appeal Degree Plan

**Student Name** ____________________________________________  **UCID** ____________________________________________

**Student Email** ____________________________________________  **Student Phone** ____________________________________________

**College & Program** ____________________________________________  **Anticipated Graduation Date** ____________________________________________

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**Student can open this document in Adobe Acrobat and use the Fill in and Sign functionality to complete and save, send to Advisor for same action, and then send back to student for upload with appeal.**

In order for your appeal for any additional financial aid to be considered, this form must be completed and submitted **along with a copy of your degree audit**. Please work with your advisor to use your degree audit and develop a list of courses and credit hours that you will take in order to graduate in the shortest time frame possible. **You may only list and take classes required for your degree.** Terms not needed should be crossed off, and enrollment for those terms should not occur. Additional terms should be attached.

**NOTE TO ADVISOR:** This form is required in cases when the student has exceeded timeframe to degree or will exceed timeframe prior to degree completion. Students are eligible for aid through 1.5 times the length of their academic program as detailed at [https://financialaid.uc.edu/academicprogress](https://financialaid.uc.edu/academicprogress). You are asked to review the student’s remaining course requirements and assist in developing a plan that will result in the student completing his/her program in the most expeditious manner. The courses included on this plan should apply only to the student’s current/active program of study.

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<th>SUMMER 2021</th>
<th>Credit Hrs</th>
<th>FALL 2021</th>
<th>Credit Hrs</th>
<th>SPRING 2022</th>
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**COMPLETION OF THIS FORM ALONE DOES NOT MEAN YOUR APPEAL WILL BE APPROVED.**

Any changes to this plan, once submitted, must be approved by the Student Financial Aid Office.

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**Advisor signature** ____________________________  **Date** ____________________________  **Student signature** ____________________________  **Date** ____________________________

**Advisor name (printed)** ____________________________  **Phone number** ____________________________

*Request an SAP Appeal via the UC financial aid portal at [https://uc.verifymyfafsa.com](https://uc.verifymyfafsa.com). When appealing timeframe concerns, upload this signed form and your degree audit as your appeal’s 3rd party documentation.*