

Academic Advisor Verification

Student's Name: _____ PUID: _____

The objective of the Academic Advisor Assessment is to determine the student's ability to meet the University's standards of Satisfactory Academic Progress. The student is required to:

- Successfully complete at least 67% of attempted credit hours as outlined in the Satisfactory Academic Progress policy.
- Meet minimum cumulative GPA requirements as outlined in the Satisfactory Academic Progress policy.
- Complete the academic program within the maximum allowable timeframe (total attempted hours cannot exceed 150% of the number of hours required for the degree).

Academic Advisor Verification: (This section is to be completed by your Academic Advisor)

Student's anticipated graduation term: ___ Fall ___ Spring ___ Summer Year: _____

Number of credit hours in student's program of study: _____ credit hours

Number of credit hours **remaining** for student to complete their program of study: _____ credit hours

List the courses the student must successfully complete this semester. As an option the academic advisor may submit a copy of the student's program of study indicating in which semester the courses will be taken.

Course	Credits	Term to be taken
Total Credits		

Certification: (signed by student and academic advisor)

I certify that I have met with my academic advisor to develop an academic plan designed to assist me with meeting the University's standards for Satisfactory Academic Progress and to create a path to graduation. I further understand that in order to continue receiving Financial Aid I must meet the requirements of this Academic Advisor Verification. I further understand that if I fail to meet the terms of this plan I will be ineligible for financial aid.

Student's Signature

Date

Advisor's Signature

Date

Advisor's Name (Please Print)

Phone

Return to the Office of Financial Aid the entire completed Satisfactory Academic Progress Packet.

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