

Student Signature: ___



REVISED SATISFACTORY ACADEMIC PROGRESS PLAN ELIGIBILITY REINSTATEMENT

Purpose: You have been denied financial aid because you did not meet one or more of the Satisfactory Academic Progress requirements. In order to evaluate if federal financial aid can be reinstated, the LC State Financial Aid Office must verify how many credits, semesters, and cumulative GPA you need to be compliant for the stated degree or certificate objective. Please return this completed form to: **Lewis-Clark State College Financial Aid Office, RCH 110, 500 8th Avenue, Lewiston, Idaho 83501**

Student Name:				LC State ID#:				
Major:			Degr	ree or Certificate:				
		academic advisor, identify r more semesters (general		-	-	ficate and the term during w livision, etc).	vhich you	
are needed	d for the student to g	graduate.		n it verifying	g you approve the co	ourse schedule and all cours	es listed	
Anticipated Graduation Date: FALL SEMESTER:					SPRING SEMESTER:			
DEPT	NUMBER	COURSE TITLE	CRS	DEPT	NUMBER	COURSE TITLE	CRS	
FALL SEMESTER:					SPRING SEMESTER:			
DEPT	NUMBER	COURSE TITLE	CRS	DEPT	NUMBER	COURSE TITLE	CRS	
I have me	t with this student	t and verify the courses	listed abov	e are need	led to complete th	ne identified major.		
Advisor Name (print):			Phone:					
Advisor Signature:			Date:					
gr pl	rade point average an.	e (GPA) of 2.0 at the end	of each se	mester and	l I must have a cur	nderstand I must have a r mulative 2.0 GPA at the e	end of my	
		rawing from or failing co ory Academic Progress F			-	Progress Plan will be co d eligibility.	nsiaered	