



## REVISED SATISFACTORY ACADEMIC PROGRESS PLAN MAXIMUM CREDITS

**Purpose:** You have been denied financial aid because you have reached or exceeded 85% of the maximum credits allowed to complete your educational objective. In order to evaluate if federal financial aid can be extended, the LC State Financial Aid Office must verify the exact credit and course requirements needed to complete the stated degree or certificate objective. Please return this completed, signed advisor-approved Satisfactory Academic Progress Plan to: **Lewis-Clark State College Financial Aid Office, RCH 110, 500 8<sup>th</sup> Avenue, Lewiston, Idaho 83501** 

Student Name:		LC State ID#:					
Major: _		Degree or Certificate:					
remaining the semes	requirements (gener ter in which you plan	al education, major, mino to take the course.	r, electives,	upper division	on, etc.). With the h	e, complete this form by ide elp of your academic advis	or, identify
needed fo	r the student to gradu	ogress plan is completed, uate are included. Please included.	-	_		ing credits and specific couraduate are listed.	irses
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 met	t with this student an	d confirm the courses list	ed above ar	e the remair	ning courses needed	to graduate in the identifi	ed major.
Advisor Na	ame (print):			Phone:			
Advisor Sig	gnature:			Date:			
ar • I : Sa th	verage (GPA) of 2.0 at understand withdrav atisfactory Academic ne end of my plan.	t the end of each semester wing from or failing course Progress Plan and result	r and I must es while on a in the loss	maintain a castisfactor	umulative 2.0 GPA tl y Academic Progres aid eligibility. I unde	nd I must have a minimum hrough the end of my plan. s Plan will be considered for stand I am expected to g	ailing the
student Si	gnature:			pate:			