# Financial Aid

**Satisfactory Academic Progress (SAP) Academic Plan**

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Rowan ID:</th>
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<tbody>
<tr>
<td>Expected Graduation Date:</td>
<td>Major/Program of Study:</td>
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Provide a list of courses the student should be taking this semester. **Please be mindful of policies regarding repeated courses.** A student is eligible for financial aid when a course is initially repeated as many times as necessary until a passing grade is obtained. Once a student passes a course, he/she can only repeat the course once for it to be covered with financial aid funds.

**Example 1:** A student has taken a course 3 times and has not passed it. The 4th time taking the course, the student passes with a “C”. This student is eligible to receive financial aid all 4 times in this example. The student could repeat the course only one more time after getting the “C” to try to improve the grade and still be eligible for financial aid.

**Example 2:** A student did not pass a specific course the 1st time taking it. The 2nd time the student passes it with a grade of “C”. The student then takes it a 3rd time to get a better grade but receives a “D”. This student is eligible to receive financial aid funding for all three grades received. However, if the student decides to repeat the course again, he/she will not be eligible to receive financial aid funding for the course because he/she already repeated the course after passing it.

**Courses to be Taken:**

1. 
2. 
3. 
4. 
5. 

**Other Enrichment or Development Activities to be Undertaken; Such as Attending Seminars, Receiving Tutoring, Etc.**

I have met with the above named student to discuss the academic plan.

Advisor’s Name: ____________________________ Advisor’s Signature: ____________________________

My signature below signifies that I understand that my financial aid may be reinstated for one semester and that in order to receive financial aid beyond the next term, I must complete all of the courses listed above with a “C” average.

Student’s Signature: ____________________________ Date: ____________________________

Academic Plan Start Date/Term: ____________________________ End Date/Term: ____________________________