



**GRADUATION PLAN FORM**

Financial Aid Satisfactory Academic Progress (FASAP) *\*To be completed by students exceeding the Maximum Time Frame.\**

Student's Name: \_\_\_\_\_ USC ID: \_\_\_\_\_

Current Program of Study: \_\_\_\_\_ Estimated Graduation Date: \_\_\_\_\_

Prior Degree(s) Earned (and date earned) and/or Previous Major(s) (if applicable)

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Required items for appeal:** Failure to include these items will result in an automatic denial.

- **A completed appeal form.**
- **Typed Statement:** Address all terms when you have experienced academic problems or withdrawals. Include what actions you took to try to meet your responsibilities during the time of your mitigating circumstances and how your circumstances have improved. Provide a detailed explanation of the factors that contributed to your lack of academic progress.
- **Proof** that the event you describe occurred (medical records, police reports, death certificates, etc.)
- **Graduation Plan:** if you will exceed the maximum Timeframe for your degree:
  - i. If you are a first-semester transfer student, view your transcript to ensure that all credits from previous institutions have transferred as you expected. If you believe there are omissions, see the campus Admissions Office.
  - ii. Identify all degree requirements you have not fulfilled including your general education requirements.
  - iii. Map out all the courses you need to graduate in the order you plan to take them. If there are courses required or a specific GPA required for admission to your major, consider those in your plan.
  - iv. Submit your completed Graduation Plan to your **faculty advisor** for review and approval.
  - v. Once you have your advisor's approval, submit your plan to the Financial Aid Office.

**GRADUATION PLAN – COURSES REQUIRED TO COMPLETE DEGREE ONLY**

Fall Semester: 20____ Course (Subject Section)	Hrs.	Spring Semester: 20____ Course (Subject Section)	Hrs.	Summer Semester: 20____ Course (Subject Section)	Hrs.

Fall Semester: 20____ Course (Subject Section)	Hrs.	Spring Semester: 20____ Course (Subject Section)	Hrs.	Summer Semester: 20____ Course (Subject Section)	Hrs.

I, the academic advisor, hereby confirm that the above listed courses are required for this student to complete his/her degree and the student still requires these courses to graduate.

**Advisor's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, the student, certify the information submitted is true and correct to the best of my knowledge. I have read the FASAP Policy. I understand completion of this form does not constitute approval of my appeal. I will receive a written notification of the final decision.

**Student's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## FASAP Appeal Committee Decision

Current Academic Year: \_\_\_\_\_ Appeal Term \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Hours Attempted: \_\_\_\_\_ Hours Earned: \_\_\_\_\_

Appeal Considered Based on:

\_\_\_\_\_ Seeking Second Undergraduate Degree \_\_\_\_\_ Change of Major

\_\_\_\_\_ Seeking Teacher Certification \_\_\_\_\_ Other \_\_\_\_\_

Appeal Complete: Y\_\_\_\_ N\_\_\_\_ *(If not documented in system, return with denial or request additional information.)*

Appeal Denied: Y\_\_\_\_ N\_\_\_\_ Reason for Denial: \_\_\_\_\_

Appeal approved with graduation plan: Y\_\_ N\_\_

Graduation plan criteria and/or additional stipulations: \_\_\_\_\_

FASAP Committee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

If applicable 2nd Level Committee Review Results: \_\_\_\_\_

FASAP Committee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

System Comments: \_\_\_\_\_ Awards Updated: \_\_\_\_\_ FASAP Status Updated; \_\_\_\_\_ FAO Initials \_\_\_\_\_