

St Johns River State College  
STUDENT IMPROVEMENT PLAN FOR FINANCIAL AID APPEAL

Student Name \_\_\_\_\_

ID# X00 \_\_\_\_\_

The purpose of this form is to confirm an Improvement Plan which will bring the student's academic performance in line with SJR State and Federal standards for Satisfactory Academic Progress.

Instructions to Student: You will need to meet with an Academic Advisor, or Workforce Advisor (SJR Staff Member) to obtain the necessary information to complete this form. You must visit <http://www.sjstate.edu/calculator.html> to indicate how many semesters will be necessary and what performance level is needed to bring your both your GPA and your completion ratio above the minimum standards. Your appeal must include this form as well as the printed results from the Satisfactory Academic Progress Calculator.

Instructions to SJR Staff Member: Review the student's academic program to determine what courses are needed. Along with the student, please complete the Satisfactory Academic Progress Calculator to indicate how many semesters will be needed to return to the student to successful performance. You may only include the specific courses needed to complete the degree or certificate program(s) identified below, and you MAY NOT include any other courses (e.g., pre-requisite courses for another college, instructor-recommend courses, etc.).

**Student responsibilities (You must initial each line):**

\_\_\_\_ Initials I agree to register for the classes I selected with the guidance of my academic advisor and as outlined in my Plan of Work, provided I am eligible to continue at SJR State.

\_\_\_\_ Initials I agree to contact my academic advisor immediately if I need to revise my Plan of Work.

\_\_\_\_ Initials I agree to attend classes beginning with the first class of the semester.

\_\_\_\_ Initials I agree to devote at least 2 to 3 hours of study time for every 1 hour of class time.

\_\_\_\_ Initials I agree to use all Academic Success Services including tutoring, study skills workshops, personal counseling, and disability services, as appropriate. I also agree to contact my instructor or my academic advisor if I am experiencing difficulty in classes.

\_\_\_\_ Initials I understand that I have the responsibility to meet with my academic advisor throughout the semester to review my progress, any Early Academic Alert (EAA) grades I receive, and discuss any problems that arise.

Date of next advising appointment: \_\_\_\_\_

**I understand that I have the responsibility to follow this improvement plan. Failure to not meet Financial Aid Satisfactory Academic Progress (SAP) requirements may result in the withdrawal of my financial aid eligibility.**

\_\_\_\_\_  
STUDENT Signature

\_\_\_\_\_  
Date

**I approve this improvement plan, which, if followed, may allow the student to attain academic standing acceptable toward SJR State's graduation requirements.**

Terms to achieve 2.0 GPA/67% pace: \_\_\_\_\_  
Number of Terms

Graduation expected: \_\_\_\_\_  
SEMESTER YEAR

Comments: \_\_\_\_\_

\_\_\_\_\_  
ADVISOR Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date