

ALVIN COMMUNITY COLLEGE ACADEMIC PLAN

Last Name _____ First Name _____ ACC ID Number _____

This Academic Plan applies to which semester? _____ (Can only be applied to one semester, EX: Fall 2012)

To ensure your compliance with the Alvin Community College Financial Aid Satisfactory Academic Progress Requirements please complete the following:

- Complete the **GPA Section** and **Student Signature Section** of this form. **Incomplete forms will not be considered for aid.**
- Print and attach a copy of your transcript and Program Evaluation from WebACCess.
- **Schedule an appointment to meet with the Division/Dept. Chairperson of your program (technical/vocational programs only) or an Academic Advisor (academic programs only) to complete the Required Courses Section of your Academic Plan.**
- Submit a signed copy of your complete Academic Plan to the ACC Financial Aid Office. Keep a copy for yourself.

GPA – To be completed by the student

What is your current cumulative GPA? _____ (available on your transcript)

If your GPA is a 2.0 or above, skip to the Required Courses Section – to be completed by Advisor/Dept. Chair. If your GPA is below a 2.0, use the Target GPA Calculator available on the ACC website to determine what your GPA must be for this semester to reach a cumulative 2.0. Complete the statement below.

To reach a 2.0 (goal), my GPA for my next _____ credits (approved from below) must be _____. (attach printed calculations)

REQUIRED COURSES – To be completed with the Dept. Chairperson of your program or an Academic Advisor

The above student is required to enroll in the following courses for the _____ semester (EX: Fall 2012).

COURSE #	COURSE TITLE	CREDIT HOURS	MINIMUM GRADE THE STUDENT MUST EARN	REQUIRED FOR ACC DEGREE PLAN? (Y/N) If no, course may not be funded.	SUBSTITUTION FOR COURSE #	REPEATED COURSE? (Y/N)	MINI TERM? (Y/N) If yes, which term?	Visit the Learning Lab for this Course? (Y/N)

Will the student graduate at the end of the semester? **YES** **NO**

Academic Advisor, Division/Dept. Chairperson Signature

Date

Student Signature

In order to meet the conditions of my appeal, I will do the following:

Please initial each statement.

- _____ Enroll in only the above required classes. *Please meet with an Academic Advisor or Dept. Chairperson to complete a new Academic Plan before changing your enrollment. Changes in enrollment may affect your financial aid eligibility.*
- _____ Complete and pass all of the above required classes. "W"s, "I"s, "R"s, and "F"s are not considered completions or passing grades.
- _____ Maintain a 2.0 cumulative GPA
- _____ I have made a copy of this Academic Plan for myself.

Failure to meet all of the above requirements will result in the permanent loss of financial aid at ACC, and may result in owing funds back to ACC.

Student Signature

Date