

2018-2019 Satisfactory Academic Progress Appeal (SAP) Academic Plan Form

Student Name: _____ Murray State Student ID# (M#) _____

Appeal Term _____

You must complete this form along with your academic advisor. Please complete all four (4) terms.
Fewer terms may be listed if you will graduate within a lesser timeframe.

To be Completed by the Advisor:

 Student is pursuing a _____ degree in _____ which
 requires an additional _____ credit hour(s) to graduate. Their anticipated graduation date is _____

To be Completed by the Advisor and Student:

Term #1	Year #1		Term #2	Year #2	
	Course	Number of Credit Hours		Course	Number of Credit Hours
Total Hours:			Total Hours:		
Term #3	Year #3		Term #4	Year #4	
	Course	Number of Credit Hours		Course	Number of Credit Hours
Total Hours:			Total Hours		

This document must be signed certifying the accuracy of the information provided. Any individual signing this form certifies that all information is complete and accurate. Warning:
 If any individual purposely gives false or misleading information on this form, he/she may be fined, sentenced to jail, or both.
 Murray State University Office of Financial Aid does not allow an electronic signature.
 All documentation must be completed with an original signature prior to submission to our office, including via email, mail, or fax.

Advisor Name _____

Advisor Title _____

Advisor Signature _____

Date _____

Student Signature _____

Date _____