

2026-2027 Financial Aid Satisfactory Academic Progress Plan

Student Name: _____ Student ID: _____

Students who have been placed on financial aid suspension for not meeting the Satisfactory Academic Progress (SAP) standards may appeal the suspension based on extenuating circumstances. Students who are unable to achieve SAP standards in one semester are required to submit an Academic Progress Plan as part of the appeal. Requirements of the Academic Progress Plan vary based on the reason for the SAP suspension. Please check the semester for which you are appealing to have your aid eligibility reinstated.

Semester: Fall 2026 ☐ Spring 2027 ☐ Summer 2027 ☐

1) Reason for Financial Aid Suspension (Initial all that apply)

- ☐ I currently have a cumulative grade point average (GPA) below the minimum standards. I will complete Section A below.
- ☐ I currently have a completion rate below the required 67%. I will complete Section A below.
- ☐ The credit hours I have attempted exceed 150% of the published length of my program(s). I have completed section B of this form with my Academic Advisor.

Section A: Academic Plan for GPA and/or Completion Rate

Complete this section with a Financial Aid Advisor if you are on SAP suspension because you have not achieved the required GPA or completion rate.

Current Cumulative GPA _____ Current Completion Rate _____

Attempted Credits _____ Completed Credits _____ Taken Credits _____

If you deviate from the plan listed below, you will be placed back on SAP suspension and will be required to appeal your SAP suspension again. Letter grades of A through F impact a student's GPA. Letter grades of W, F, and I negatively impact a student's course completion rate.

Term	Year	Minimum credits that must be successfully complete in Term	Projected Cumulative Completion rate after each term	Minimum semester GPA student must attain	Projected Cumulative GPA after each term

Please check the services to which you were referred to ensure your success in passing the coursework:

- ☐ Tutor ☐ Counseling Center ☐ Counseling Services ☐ Community Standards & Wellness
☐ Disability Resources & Services ☐ Learning Resource Center ☐ Ombuds Office ☐ Phoenix Center
☐ Veteran Student Services ☐ Writing Center ☐ Study Skills ☐ Other _____

Upload completed forms to www.ucdenver.edu/fadocs

Denver: Student Commons Building 5105 | PO Box 173364 | Campus Box 125 | Denver, CO 80217 | 303.315.5969 | Financialaid@ucdenver.edu
Anschutz Medical Campus: Education 2 North | 13120 E. 19th Ave | Box A088 | Aurora, CO 80045 | 303.724.8039 | Financial.Aid@ucdenver.edu

Section B: Degree Audit

Student: Complete this section with your Academic Advisor(s) if you are on SAP Suspension because you have exceeded 150% of the published length of your program under the [SAP Policy](#). If you are a multiple degree/major, complete a separate form for each degree/major you are still pursuing. You must enroll only in courses that are necessary to complete the requirements of your identified degree program(s). **If your appeal is approved and you stray from the academic plan, withdraw, or take an incomplete in any course(s) during a semester in which you are on the plan, or take courses outside of those specified under this plan you are at risk of having your financial aid suspended for the remainder of your academic career.**

Academic Advisor: This student has exceeded the maximum timeframe (150% of the published length of the academic program) as required by federal regulations for receipt of Federal Student Aid. Under this SAP Academic Progress Plan, the student must enroll only in courses that are necessary to complete the requirements of the degree program(s) the student is currently pursuing. Please assist the student in determining the courses required to graduate by the expected graduation date that you specify below. Students must typically be enrolled at least half-time (6 hours for undergraduates and 3 hours for graduates) to receive financial aid. You may list the courses required for degree completion below or you may attach a degree audit that lists the required courses that has been signed and dated by both you and the student.

Expected Graduation Date (Semester & Year): _____ (Required)

Remaining Credits to Complete Major/Minor: _____ (Required)

Courses Required for the Student to Complete the Degree Program by the Expected Graduation Date Indicated Above				

Financial Aid Advisor Signature (required for Section A) _____

_____ Date

_____ Name & Title of Academic Advisor

Academic Advisor Signature (required for Section B) _____

_____ Date

By signing below, I verify I have read the information listed above and agree to adhere to the academic plan required for my financial aid eligibility to be reconsidered. I agree to enroll only in courses that are necessary to complete the requirement of my identified degree program(s). I also understand that failure to satisfy this academic plan will result in the loss of my financial aid.

_____ Student Signature (required)

_____ Date

Upload completed forms to www.ucdenver.edu/fadocs

Denver: Student Commons Building 5105 | PO Box 173364 | Campus Box 125 | Denver, CO 80217 | 303.315.5969 | Financialaid@ucdenver.edu
Anschutz Medical Campus: Education 2 North | 13120 E. 19th Ave | Box A088 | Aurora, CO 80045 | 303.724.8039 | Financial.Aid@ucdenver.edu