

# Financial Aid Office

## PLAN Counseling

(Please print and return to Financial Aid Office)

Student Name (Print): \_\_\_\_\_ Student ID: \_\_\_\_\_

*Directions: Please read each statement and initial your understanding.*

\_\_\_ I understand that my financial aid appeal was approved, and I will be placed on PLAN status until I am able to bring myself back into GOOD financial aid standing.

\_\_\_ I understand that my status will be evaluated at the end of each semester to ensure I am making academic progress.

\_\_\_ I understand that I must have a semester GPA of 2.0 or greater each semester while on PLAN status.

\_\_\_ I understand that I must also complete a minimum of 67% of all credit hours attempted each semester while on PLAN status.

\_\_\_ I understand that I must take the courses outlined in my Plan of Completion as worked out with my academic advisor. If I take courses outside of this Plan of Completion, I may be placed back on Financial Aid Suspension.

\_\_\_ I understand that if I decide to re-take courses to get a better grade after having successfully completed the course with a D or better, Financial Aid may be unable to pay for the course.

\_\_\_ For Maximum Timeframe Suspensions- I understand that if I do not meet the minimum requirements of PLAN status, I will be placed back on financial aid SUSPENSION and will no longer be eligible for financial aid. I will not be allowed to re-appeal until I have successfully demonstrated academic progress in addition to having a 67% completion rate and a 2.0 GPA.

\_\_\_ For Pace/GPA Suspensions – I understand that if I do not meet the minimum requirements of PLAN status, I will be placed back on financial aid SUSPENSION and will no longer be eligible for financial aid. I understand I will not be eligible for financial aid until I have met the requirements for SAP on my own. I will not be eligible to re-appeal.

\_\_\_ I also understand that if I do not meet the minimum requirements for PLAN status and am placed back on SUSPENSION, I will not be eligible for federal aid, including loans.

\_\_\_ I understand that my future financial aid is affected by my satisfactory academic progress. I understand that Pell grants and Loans have lifetime limits.

\_\_\_ I understand that my declared degree plan with Admissions must match my Financial Aid Appeal degree plan.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date