Financial Aid Academic Plan

Name: ___________________________ Student ID: ___________________________

Please initial to indicate understanding and agreement of the following Financial Aid satisfactory academic progress expectations and services offered at Folsom Lake College:

____ I have reviewed a copy of the financial aid Satisfactory Academic Progress (SAP) policy and understand that I must make satisfactory academic progress in order to continue to be eligible for financial aid.

____ I have met with an Academic Counselor and developed a Student Educational Plan (SEP) which outlines the duration, number of units, and required courses necessary to complete my educational goal. I understand that I must follow the SEP to remain eligible for financial aid and will not be paid for any courses taken which are not included on the SEP.

____ I have read and understand the online SAP workshop and have completed the SAP workshop quiz.

____ After completing the SAP workshop online, I am aware of the various student support services on campus (e.g. tutoring services, counseling, DSPS, Early Alert, Reading & Writing Center, etc.) and I understand that it is my responsibility to seek help at any of the support services available at Folsom Lake College when needed.

____ I understand it is my responsibility to be aware of drop deadlines as outlined in the college catalog, class schedule, and online. Furthermore I have reviewed the online academic calendar and I am aware that dropping classes will impact my financial aid award eligibility, SAP, and may possibly cause an overpayment which I will have to repay.

____ I am aware that Withdrawals (W), Incompletes (I), No Pass (NP), In Progress (IP) and Failing (F) grades can impact my SAP, possibly leading to denial of financial aid, and may possibly cause an overpayment which I will have to repay.

____ I understand that if my appeal is approved I must complete 75% of the units I enroll in and maintain a 2.0 GPA for the semester to remain eligible for future financial aid.

I acknowledge by signing below that I have read and understand the information contained in this Academic Plan. If there is any information I do not understand I will seek clarification with the Financial Aid Office prior to signing this form.

Signature: ___________________________ Date: ___________________________

Los Rios Community College District
Financial Aid SAP Workshop Quiz

Name: ____________________________  Student ID: ____________

1. Why are you on Financial Aid Dismissal?

2. What is the minimum GPA you must maintain to receive Financial Aid?

3. What % of attempted units must you complete to be in good standing with Financial Aid?

4. What is your Educational Goal?

5. Based on academic difficulties you have experienced in the past, what are some of the support services you can use at FLC that will help you to meet your educational goal and maintain SAP?

6. I plan to take the following steps so that I can get off of Financial Aid Probation/Dismissal.

Signature: ___________________________________________  Date: ____________