

MCDANIEL COLLEGE

FINANCIAL AID OFFICE

Satisfactory Academic Progress Policy Academic Plan Form

Based on your Satisfactory Academic Progress (SAP) appeal, the Financial Aid department will permit you to receive financial aid on a probationary basis. **Your financial aid probation is valid for the current fall and spring semesters.** At the end of each semester, we will confirm the fulfillment of the conditions listed below. **If you will fail to meet the outlined requirements, your eligibility for aid will be terminated.**

This plan is unofficial until you read it, sign the certification statement below and return it to our office.

To fulfill your academic plan, you must:

1. At the end of the fall semester, achieve at least a *semester grade point average* required for students of your grade level to be in good standing (refer to a chart below).

| Attempted Credits (includes both transferred credits and McDaniel earned credits) | Cumulative GPA |
|---|----------------|
| 0-31.5 | 1.25 or higher |
| 32-47.5 | 1.50 or higher |
| 48-63.5 | 1.70 or higher |
| 64-79.5 | 1.80 or higher |
| 80-95.5 | 1.90 or higher |
| 96 and higher | 2.0 or higher |

2. Keep your cumulative pace (a ratio between completed and attempted credits) at least 67%.
3. You **must** be meeting the satisfactory academic standards at the end of the spring semester. (refer to the undergraduate SAP Policy posted at <https://www.mcdaniel.edu/media/2201> .
4. **If you will fail to meet the outlined requirements, your eligibility for aid will be terminated.**

This agreement represents a contract between you and the Financial Aid Office. Therefore, you must read, sign and return this agreement to the office before you can receive financial aid.

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|---|-------------|
| Certification statement | |
| By my signature below, I confirm that I have read and understand the conditions outlined in this academic plan. I understand that by not adhering to these terms, I will be subject to loss of financial aid eligibility at McDaniel College. | |
| Student Name: | Student ID: |
| Student's Signature: | Date: |

IMPORTANT: KEEP A COPY OF THIS AGREEMENT FOR YOUR RECORDS.

Office of Financial Aid, 2 College Hill, Westminster, MD 21157

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