

Need Assistance?

Contact the Financial Aid Office 1290 North Ave Cleveland, WI 53015 Toll Free: 1.888.GOTOLTC, ext. 1718 Email: financial.aid@gotoltc.edu

Fax: 920-693-1834

SAP Academic Plan

Student Name			Student ID #		
Progr	am Counselor		Program/Degree		
Numb	per of credits needed to regain financi	ial aid e	eligibility (obtain from the LTC Financial Aid Office)		
approremains who of 2.0 before Acade	oved. To regain eligibility, establish this ining courses for you to graduate from en those courses will be taken. As lone; have a term percentage of completice you graduate, you will be considered emic Plan will result in a loss of financial	Acade your p g as yo on of 67 I meetinal aid (voor if you	meeting satisfactory academic progress has been mic Plan with your Program Counselor. It determines the rogram and/or meet satisfactory academic progress as well u follow the terms of the Academic Plan; have a term GPA 7%; and are able to meet satisfactory academic progressing satisfactory academic progress. Failure to follow the which includes grant, work-study, and student loans). Should a fail to meet the terms of the Academic Plan, you will be all financial aid eligibility.		
	scuss Resources available for success				
	· · · ·	iscuss a	nd indicate available resources to improve academic		
perfo	rmance, such as: Peer-Tutoring		Multicultural & Diversity Services		
	Attend Study Groups		Financial Coach (920-693-1835)		
	TRIO Program		Manitowoc County Job Center		
	Academic Support Center		Sheboygan County Job Center		
	Career Placement Services		Manitowoc County Health & Human Services		
	Accommodations Services		Sheboygan County Health & Human Services		
	Meet one-on-one with instructor		Other		

2. Determine required courses and when you will take each one

Create an Academic Plan using the attached template (or use similar document) to list as many courses needed to reach satisfactory academic progress, which could potentially be until you graduate. Reference beginning of this form for the number of credits needed. In your decision:

- Only list courses required for your program/degree. If taking classes not required, still list them, but indicate they are not required (and won't be eligible for financial aid).
- Ensure you have met the prerequisites for the classes.
- Ensure your schedule has balance.
- Consider your work schedule and other commitments.
- If a semester is open for registration you must be enrolled according to your plan before your plan can be approved.



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SAP Academic Plan

I understand that if I fail to meet the *Cumulative Standards of Progress* or fail to follow the requirements of the *Academic Plan*, my financial aid will be suspended and will not be reinstated until I have:

- -Completed at least 67% of total credits attempted; and
- -Achieved and maintained a cumulative GPA of 2.0 or higher

I agree to not take any fewer or any additional classes than what is listed on this Academic Plan.

I understand that if my financial aid is not reinstated that I am responsible for any tuition or fees.

Student Signature	Program Counselor Signature	
Date	Date	
	Physical Signatures Required	
Reti	urn completed form to the LTC Financial Aid Office.	

The financial aid office will consider your explanation and documentation during the review of the appeal. After a decision is made, you will be notified via your LTC student email.

Office Use Only:					
☐ Approved☐ Not Approved					
Staff initials:					
Date:					



Academic Plan

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Catalog Number	Class Name	Number of Credits	Semester Taking Class