



Financial Aid Office
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2016-2017 Satisfactory Academic Progress Appeal (SAP) Academic Plan Form

Student Name _____ M# _____

Appeal Term _____

You must complete this form along with your academic advisor. Please complete all four (4) terms.
 Fewer terms may be listed if you will graduate within a lesser timeframe.

To be Completed by the Advisor:

Student is pursuing a _____ degree in _____ which
 requires an additional _____ credit hours to graduate. Their anticipated graduation date
 is _____.

To be Completed by the Advisor and Student:

Term #1				Term #2			
Course	Term	Year	Number of Credit Hours	Course	Term	Year	Number of Credit Hours
Total Hours:				Total Hours:			
Term #3				Term #4			
Course	Term	Year	Number of Credit Hours	Course	Term	Year	Number of Credit Hours
Total Hours:				Total Hours:			

Advisor Name _____

Advisor Title _____

Advisor Signature _____

Date _____

Student Signature _____

Date _____

