



REVIEW OF GRADUATE EDUCATIONAL PLAN FOR STUDENT FINANCIAL AID

Office of Financial Aid and Scholarships

P.O. Box 3011 Commerce, Texas Phone: 903.886.5096 Fax: 903.886.5098 FAO.Appeals@tamuc.edu

STUDENT NAME			CWID	
Instructions to s	student: Please circle the	current class level and	check the semester yo	u are appealing.
Check Current Classification:		Master's Doctoral		
Appeal Deadline	SUMMER 2016 May23, 2016	FALL 2016 August 22, 2016	SPRING 2017 <i>January 6, 2017</i>	SUMMER 2017 May 22, 2017
Student Signature	3	Dat	e	
All students mu Graduate Stude Attempting 6 to Attempting 9 ho Master level stu	st complete a minimum ist complete the semester ents: o 8 hours must complete ours or more must complete idents have 6 years from tudents have 10 years from	with a minimum GPA l no less than 6 credit hou lete no less than 6 credi when admitted to the d	pased on their class levers thours egree program to con	vel. nplete the degree
educational plan that Please review this st	meet the SAP requirements for the will result in successfully meet udent's academic history and completed by a representation.	ing the minimum financial aid mplete the following below.	standards of progress as out	
	be <u>completed</u> by a represent		inor:	
-	ing reasonable progress towa			
Is the student follow	owing an educational plan eress within a reasonable tim	enabling the student to succ		
	ent met the educational plan a prired to be on an educational		ards completion of the deg	gree. The student is no
NO. Stude timeline.	nt did not meet an education	al plan agreement and will r	not be able to fulfill that a	greement on the designated
Academic Adviso	or Name (Please Print)	Col	lege	
Academic Adviso	or Telephone	Aca	ndemic Advisor Email	
Academic Adviso	or Signature	 Dat	e	