



# YORK COUNTY COMMUNITY COLLEGE

## \_\_\_\_\_ Academic Plan for Satisfactory Academic Progress

YCCC students who have had financial aid suspended due to not meeting the minimum academic progress standards for their program, may appeal the decision due to unusual circumstances that occurred during the enrollment period. If the appeal is granted, students will be placed on an academic plan that provides the students with the minimum academic requirements to be met to continue to receive federal financial aid funds. Students must work in conjunction with their academic advisor and Student Navigator, on creating and adhering to their academic plan, based on the requirements of their program. Federal financial aid is only available for courses that are required for your degree program. You must successfully complete all courses attempted (failures, withdrawals and incompletes are not successful attempts).

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Academic Major: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_  
Expected Grad Date: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Current Credits Completed: \_\_\_\_\_

### Academic Plan Semester 1: Fall/Spring/Summer Academic Year \_\_\_\_\_

Course Name	Course Number	Credit Hours	Minimum required grade

Projected term GPA \_\_\_\_\_ Projected Cumulative GPA \_\_\_\_\_

### Academic Plan Semester 2: Fall/Spring/Summer Academic Year \_\_\_\_\_

Course Name	Course Number	Credit Hours	Minimum required grade

Projected term GPA \_\_\_\_\_ Projected Cumulative GPA \_\_\_\_\_

### Academic Plan Semester 3: Fall/Spring/Summer Academic Year \_\_\_\_\_

Course Name	Course Number	Credit Hours	Minimum required grade

Projected term GPA \_\_\_\_\_ Projected Cumulative GPA \_\_\_\_\_

Signature of Student Navigator: \_\_\_\_\_

**Student Acknowledgement:** By signing below, I agree to adhere to the terms of this plan of action to retain my eligibility for federal and state aid. I have read and understand that failure to follow and meet the terms as outlined in this contract will result in the forfeiture of future financial aid eligibility for the following programs: Federal Pell Grant, Federal Supplemental Educational Opportunity Grant (SEOG), Federal Direct Student Loans (Subsidized, Unsubsidized, Parent PLUS), Federal Work Study and state grant programs.

I also understand and acknowledge that once I have lost eligibility for financial aid, I may have my eligibility reinstated by successfully completing sufficient credits to meet the SAP standards without the assistance of financial aid programs and I must notify the Financial Aid Office once the credits have been completed.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Financial Aid  
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