University of Wisconsin Whitewater | Financial Aid Office

800 West Main Street
Whitewater, WI 53190
www.uww.edu/financialaid
p 262-472-1130 f 262-472-5655
uwwfao@uww.edu

Satisfactory Academic Progress (SAP) Degree Plan

In order to receive financial aid, students must comply with the three eligibility standards of satisfactory progress: qualitative, quantitative, and maximum time frame. Students nearing, or not meeting, the maximum time frame component must meet with their UW-W Academic Advisor to complete this form and submit it to the UW-W Financial Aid Office. Additional information regarding SAP may be found here: https://www.uww.edu/financialaid/policies/academic-progress.

Step 1: Student Data

Student Name: _____ Student ID#: _____
Last First MI

Home Address: _____ Phone: _____
Street City State ZIP Code Home Number

Expected Graduation Date: _____

Total Credits Remaining to Complete Degree: _____

Step 2: Course Timeline

Please use the chart below to enter the required courses needed to complete the degree. Include courses in which the student is currently enrolled.

Department	Class Number	Term	Course Title	Credits

University of Wisconsin Whitewater | Financial Aid Office

800 West Main Street
Whitewater, WI 53190
www.uww.edu/financialaid
p 262-472-1130 f 262-472-5655
uwwfao@uww.edu

Step 2: Course Timeline (continued)

Department	Class Number	Term	Course Title	Credits

Step 3: Student Certification

By signing below, you agree to the following (check off each bullet):

☐ If this Degree Plan indicates I cannot complete my degree within 150% of the published length of my academic program, I understand I will need to submit and Satisfactory Academic Progress Appeal.

☐ I understand that it can take several weeks for this appeal to be reviewed and that I am responsible for any charges due to my account while this appeal is being reviewed.

☐ By signing this worksheet, I certify that all the information reported on it is complete and correct.

☐ I understand the UW-W Financial Aid Office may request additional documentation if they have reason to believe any of the information on this form is inaccurate.

_____ _____

Student Signature Date

Step 4: Advisor Certification

By signing below, you agree to the following (check off each bullet):

☐ I have met with this student and developed this Degree Plan

_____ _____

Advisor Signature Date