

2017-2018 Satisfactory Academic Progress (SAP) Academic Plan

Student Name _____ **BCC ID #** _____

The primary purpose of Federal and NJ State financial aid programs is to help students successfully complete their Associate Degree or Certificate programs in a timely manner. To receive financial aid, students are required to meet Satisfactory Academic Progress (SAP) requirements. The Office of Financial Aid reviews a student's total Quantitative "Pace" (Percentage) and Qualitative (GPA) progress. You have appealed and were placed on 'SAP Probation' for the upcoming semester at Bergen Community College and are required to submit this form along with a copy of your current grades for reconsideration.

ACADEMIC PLAN GUIDELINES:

- ✓ Student's academic progress (cumulative) will be reviewed by the Office of Financial Aid at the end of **each** semester (i.e.: attempted credits, earned credits, repeated courses, remedial credits, etc.)
- ✓ Students **must** satisfactorily complete all credits attempted
- ✓ Students **must** review their academic evaluation with an Academic Counselor
- ✓ Students **must** earn their Associate's Degree or Certificate within 150% of the length of the program (excluding 30 remedial credits) which is the maximum time frame of completion
- ✓ Students **must** not earn 'W', 'E', 'F', or 'N' grades because it will impact your SAP status
- ✓ Students on 'Probation' or 'Continuous Probation' **must** complete before awards are reinstated **each** semester

ACADEMIC COUNSELOR EVALUATION

Indicate which course(s) the student **must** register for within the next two semesters to maintain academic progress.

<u>FALL 2017</u>	<u>SPRING 2018</u>

ACADEMIC COUNSELOR ACKNOWLEDGEMENT

I acknowledge that I have reviewed the guidelines above and the student's Academic Evaluation.

Counselor Name (Print) _____

Counselor Signature _____ **Date** _____

STUDENT ACKNOWLEDGEMENT

I acknowledge I have met with an Academic Counselor to discuss the guidelines above, registered for the courses recommended, and will successfully complete all courses in accordance with the SAP requirements. If I do not comply, I understand I may be denied financial aid in future. I understand it is my responsibility to make full payment to the Bursar until a decision is made regarding my SAP status.

Student Signature _____ **Date** _____

Please return this form to:

sapappeal@bergen.edu
 from your BCC E-Mail