



FINANCIAL AID OFFICE
 1000 East Victoria Street, WHB250
 Carson, California 90747
 PHONE: (310) 243-3691

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

SAP Appeal Degree Completion Plan for Unit Cap

Instructions: Complete this page also if you are appealing for Unit Cap. Below write your major, minor, expected graduation date and list the courses you need to complete to earn your degree.

- Satisfactory Academic Progress (SAP) Appeal Form Page 1 attached. **(REQUIRED)**
- If you need additional space, please check here to indicate that you have attached a separate sheet.

Major(s)/Program: _____ **Minor(s):** _____

Expected Graduation Date (Semester and Year): _____

| Course Name and Number <i>(Example: HUM 310)</i> | Units | Course Applies To | | | Semester to be Taken <i>(Example: Spring 2019)</i> |
|---|-------|-------------------|-------|-------|---|
| | | GE | Major | Minor | |
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Student's Signature: _____ Date: _____

Advisor Name (please print): _____ Extension: _____

Advisor Signature (required): _____ Date: _____

| |
|-------------------|
| DATE STAMP |
|-------------------|