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 form 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. Submit this form along with the SAP Appeal Form and written statement to the Financial Aid Office.

☐ 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 *(Example: HUM 310)*	**Units**	**Course Applies To**			**Semester to be Taken** *(Example: Spring 2019)*
		GE	**Major**	**Minor**	

Student's Signature: _____ Date: _____

Advisor Name (please print): _____ Extension: _____

Advisor Signature (required): _____ Date: _____

DATE STAMP

Degree Completion Plan Checklist
F __ __ DCP