



ACASIP

Office of Student Financial Aid

The Welcome Center • 42 West Warren • Detroit, MI 48202 • (313) 577-3378 • Fax: (313) 577-6648
Web: www.finaid.wayne.edu • Check the status of your aid at www.pipeline.wayne.edu

2011-12 Student Improvement Plan –SAP Part 2 -You do not need this form, if you are appealing for the 1st time.

Name: _____ 9-digit Student ID# _____

Daytime Phone (_____) _____ WSU E-Mail Address: _____

Use this form only if this is not your first SAP appeal. This form is to be used with the Financial Aid Satisfactory Academic Progress Appeal & Academic Action Plan form. A Student Improvement Plan is an academic plan that, if followed, will ensure that you are able to meet satisfactory academic progress (SAP) standards by a specific point in time.



If you are EXCEEDING the 150% TIME FRAME - Sign below and submit this form with your other materials.

I understand I am only eligible for aid if I enroll in courses required for my degree or program.

STUDENT Signature _____

_____ Date



If you are BELOW THE MINIMUM GPA and/or BELOW THE 67% PACE of progression - Complete this section:

Along with this form, YOU MUST bring these documents to your Academic Advisor for review:

1. You must bring your completed [Satisfactory Academic Progress Appeal & Academic Action Plan](#) form
2. You must bring a copy of your one-page [SAP Appeal Explanation Statement](#) and supporting documentation

Targets for improvement: (For example: math, reading, writing, study skills, time management)

Study skills seminar or other improvement plans: _____

Expected number of visits with _____ per term: _____
STUDENT SUPPORT OR SERVICE

Expected number of study hours per week: _____

Terms to graduation at min. 2.0 GPA/67% pace: _____ Major: _____

Graduation expected: _____ Degree or Certificate: _____
SEMESTER YEAR

I understand that I have the responsibility to follow this improvement plan. Failure to follow this plan and not meet Financial Aid Satisfactory Academic Progress (SAP) standards will result in the withdrawal of my financial aid eligibility.

STUDENT Signature _____

_____ Date

I approve this improvement plan, which, if followed, will assist the student in reaching an attainable academic standing acceptable for WSU's graduation requirements.

ADVISOR Signature _____

_____ Title

_____ Date