FINANCIAL AID ACADEMIC PLAN

University and federal regulations require that a student make satisfactory academic progress (SAP) toward a degree to qualify for financial aid. The Financial Aid Appeals committee has determined that you cannot make satisfactory academic progress within one semester. To continue to be eligible for financial aid at OSUIT, you must agree to and follow this academic plan which you and your advisor have developed. Failure to do so will make you ineligible for financial aid at OSUIT.

Financial Aid will not be offered until this form is returned to the OSUIT Financial Aid Office with your current class schedule and Degree Works degree audit.

NAME _______________________________ CWID _______________________________

Current Program/Major _______________________________ Effective Term of Plan _______________________________

Name of Academic Advisor: _______________________________

E-mail: _______________________________ Phone: _______________________________

ACADEMIC PLAN: (complete the items listed below)

☐ ** An Academic Plan REQUIRES the student complete 100% of attempted courses each trimester (no W’s) and achieve a ‘C’ or better in each course. ***Failure to meet this requirement will result in financial aid suspension.

☐ Meet with a staff member of the OSUIT Tutorial Learning Center _______________________________

☐ Meet with your Academic Advisor (attach class schedule and Degree Works degree audit)

☐ Plan of Action: _______________________________

☐ Graduation term per attached Degree Works degree audit (per academic advisor): _______________________________

By signing this form, the student agrees that he/she will follow the academic plan agreed upon above in order to continue to be eligible for financial aid. The student must complete 100% of the courses attempted with a “C” or better each semester in order to graduate by the term of graduation listed above. Must be signed by student and academic advisor.

Student Signature _______________________________ Date _______________________________

Academic Advisor Signature _______________________________ Date _______________________________

Please return form to:
OSUIT Financial Aid & Scholarships
1801 E. 4th St., Okmulgee, OK 74447
918.293.4684 | 918.293.4650 (fax)
ouitfinancialaid@okstate.edu
https://ouit.edu/financial-aid/index.php