

SECTION IV - Plan of Study

You should provide your academic advisor with at least one-week to review this form. List all coursework for which you are **currently registered**, starting with the appropriate box (i.e., Fall, Spring or Summer). Then, list all coursework for which you **plan to register in the future** in order to meet degree requirements. It is understood that some classes may vary based on availability. For each term, indicate the year and total semester hours. For each course, indicate course number, abbreviated course title and semester hour credit. If you are using the second-grade-option, check that column. In the final column, indicate if the course is needed to fulfill a major, minor, elective, or certification requirement for the degree. **To qualify for federal financial aid, each semester you must be enrolled at least half-time in coursework required for the degree or certification (at least six hours for an undergraduate or five hours for a graduate student).**

Fall _____ Semester (year)				
Course No.	Course Title	Sem Hrs	2 nd Grade Option	Major Minor Elective or Certificate

Total Semester Hours: _____

Spring _____ Semester (year)				
Course No.	Course Title	Sem Hrs	2 nd Grade Option	Major Minor Elective or Certificate

Total Semester Hours: _____

Summer _____ Session (year)				
Course No.	Course Title	Sem Hrs	2 nd Grade Option	Major Minor Elective or Certificate

Total Semester Hours: _____

Fall _____ Semester (year)				
Course No.	Course Title	Sem Hrs	2 nd Grade Option	Major Minor Elective or Certificate

Total Semester Hours: _____

Spring _____ Semester (year)				
Course No.	Course Title	Sem Hrs	2 nd Grade Option	Major Minor Elective or Certificate

Total Semester Hours: _____

Summer _____ Session (year)				
Course No.	Course Title	Sem Hrs	2 nd Grade Option	Major Minor Elective or Certificate

Total Semester Hours: _____

Section V– Advisor Certification

The SAP Appeal Committee requests the assistance of the student’s advisor in assessing the viability of the outlined plan of study. We appreciate your assistance and rely on your expertise regarding degree requirements and the student’s capabilities. We understand that you can only determine if the student will earn the degree cited if the plan of study is successfully completed. Graduation Analysis, as always, is responsible for the final review of degree requirements.

Projected Graduation Date: _____

Degree(s): _____ **Major(s):** _____ **Minor(s):** _____

In your assessment:

- Will the plan of study, if successfully completed, meet the degree requirements? YES NO
- Is this plan reasonable in terms of semester hours and class difficulty? YES NO

Comments/Qualifying Statements:

Advisor’s Signature: _____ Date: _____

Department: _____ Email: _____ Telephone: _____

For Double Majors and/or Dual Degree Candidates Only:

Advisor’s Signature: _____ Date: _____

Department: _____ Email: _____ Telephone: _____

Sections I-V must be completed before submitting the appeal to Room 208 Calvin Hall or to finaid-sap@uiowa.edu. Incomplete appeals will be returned. Completed appeals will be reviewed within 15 working days and responded to by University email.

(Student’s Signature)

(Date)