

Financial Aid SAP Graduation or Academic Plan

To be completed by Academic Advisor

Visit the following site to see the Maximum Timeframe Standards:
financialaid.ucdavis.edu/consumer/sap/standards

Name: _____ Student ID: _____

Major(s): _____ Minor(s): _____

College(s): _____

List remaining coursework required for degree completion. Please also specify the term and year the student will attend.

Term: _____ Year: _____	Term: _____ Year: _____	Term: _____ Year: _____																																																																																																												
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***Repeat Course:** Financial aid considers a passing grade to be a D- or above. Repeating a class for a second time may affect the student's financial aid disbursement.

****Graduation Requirements (GR):** Please indicate which Graduation Requirement each course meets:

C = College	M1 = 1 st Major	G = General Education	M2 = 2 nd Major
MN = Minor	U = University	NR= Not Required	

Total number of units at graduation: _____ Date of graduation: _____

I/We project that the above course(s) will meet all College, General Education, Major, Minor and University requirements for this student (signature verifies that you have checked all requirements in your area of authority).

Major/Department Advisor: _____ Signature: _____ Date: _____

Dean's Office Representative: _____ Signature: _____ Date: _____

Advisor Comments: Provide any other relevant information regarding the student's academic status and degree completion:

Student Signature: _____ Date: _____