

Student Name \_\_\_\_\_ ID \_\_\_\_\_

Major \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Academic Advisor's or Success Coach's Name \_\_\_\_\_

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This agreement represents a contract between you and the Office of Financial Aid. Schedule an appointment with your academic advisor, a faculty member, or success coach to complete this form. Your financial aid will not be disbursed until this form is received and approved by the Office of Financial Aid.

**To receive Federal Student Financial Aid, students must have a 2.0 GPA after their fourth term at Campbellsville University. Students must be passing 67% of all courses attempted each term.**

**To access the GPA Calculator in TigerNet:**  
**Academic Affairs > Academics and Courses > GPA Calculator**

What were the obstacles in the Spring of 2021 that kept you from meeting SAP requirements?

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Check all possible steps that you could take to improve your academic standing next term.

- |                                                                                 |                                                 |
|---------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Improve organizational skills                          | <input type="checkbox"/> Get more rest          |
| <input type="checkbox"/> Go to class and take notes                             | <input type="checkbox"/> Meet with advisor      |
| <input type="checkbox"/> Determine a study schedule                             | <input type="checkbox"/> Seek out a tutor       |
| <input type="checkbox"/> Avoid procrastination                                  | <input type="checkbox"/> Ask professor for help |
| <input type="checkbox"/> Meet with counseling services about my personal issues |                                                 |
| <input type="checkbox"/> Other: _____                                           |                                                 |

Explain how you will apply the selected steps to meet Satisfactory Academic Progress.

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**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Advisor, Faculty, or Success Coach Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*Please return a copy of your completed Academic Success Plan to the Office of Financial Aid located in the Administration Building on the second floor, Room 17. You may also email it to [finaid@campbellsville.edu](mailto:finaid@campbellsville.edu)\*\*\***