



**Office of Financial Aid & Scholarships**

**2024-2025 Satisfactory Academic Progress Academic Plan**

Student Name: \_\_\_\_\_  
(Last, First, MI)

Student ID: \_\_\_\_\_

**Completing this Form**

- Complete this form with your academic advisor.
- Read an initial each statement in the Terms and Conditions.
- If this academic plan is a revision or update of an existing academic plan, you must provide a written statement explaining the reason why you are changing your academic plan.
- If you already have an academic plan and on suspension again, **DO NOT COMPLETE** this worksheet. You will need to complete an appeal worksheet again.
- You **MUST** retain a copy of this academic plan for your records.

**Terms and Conditions**

Initial each statement indicating you understand and accept the terms and conditions of the academic plan.

\_\_\_\_\_ I will not withdraw/drop a class on this academic plan without consulting with my Academic Advisor and understand that my current academic plan must be revised if I withdraw from classes.

\_\_\_\_\_ I will receive a grade of “C” or better in all classes. If my major requires a higher minimum grade, I will maintain those grading standards. Incompletes are NOT allowed.

\_\_\_\_\_ I understand that I cannot change my major and that this academic plan is only valid for the major listed on page 2.

\_\_\_\_\_ I understand that I may only take the classes outlined exactly in my academic plan and that any classes taken outside of my academic plan could cause me to lose financial aid eligibility.

\_\_\_\_\_ I understand that I must submit a personal written statement to the Financial Aid Office if my academic plan needs to be revised that explains what has happened to make the change(s) necessary and how I will be able to make academic progress based on these changes. I understand that revised academic plans may still adversely affect my continued eligibility for financial aid.

\_\_\_\_\_ I understand that failure to follow this academic plan may result in the cancellation of financial aid from University of Texas Permian Basin.

\_\_\_\_\_ If I feel that I am in danger of not completing the requirements of this academic plan, I agree to contact my academic advisor and the Financial Aid Office to discuss my situation and options.



THE UNIVERSITY OF TEXAS  
**PERMIAN BASIN**

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**Office of Financial Aid & Scholarships**

**Academic Plan to be Completed by Academic Advisor**

Name of Academic Advisor: \_\_\_\_\_

This is:     Initial Academic Plan     Update to an Existing Academic Plan

List any earned hours that are not needed for degree regardless of major changes at UT Permian Basin.

Major: \_\_\_\_\_ Hours earned but not needed \_\_\_\_\_  
 Major: \_\_\_\_\_ Hours earned but not needed \_\_\_\_\_  
 Current Major \_\_\_\_\_ Expected Graduation Term \_\_\_\_\_

List **ONLY** classes needed for student to complete major or minor by semester in which student will complete the courses. Any classes needed outside major or minor cannot be taken. If class needs to be repeated, please indicate. **NOTE:** Students must be registered in 6 hours to be student loan eligible.

Term:	
Course Number	Credits
<b>Total</b>	

Term:	
Course Number	Credits
<b>Total</b>	

Term:	
Course Number	Credits
<b>Total</b>	

Term:	
Course Number	Credits
<b>Total</b>	

Term:	
Course Number	Credits
<b>Total</b>	

Term:	
Course Number	Credits
<b>Total</b>	

Hours remaining to earn degree: \_\_\_\_\_ (Include registered & in progress hours)

Advisor Comments: \_\_\_\_\_

**Advisor Statement:** This student and I have discussed his/her academic progress and goals to formulate this academic plan. I believe this academic plan is attainable for this student and appropriate for progressing in his/her course of study.

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Statement:** I have discussed my academic progress with my academic advisor to formulate my academic plan. I agree that this academic plan is attainable for me and I agree to adhere to the terms of this academic plan. I understand that I must complete the requirements of this academic plan to receive financial aid. I understand that my financial aid will be revoked or denied if I do not complete the exact requirements of this academic plan.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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