



# Academic Plan for Financial Aid Reinstatement

Financial Aid Office · UA Fort Smith · P.O. Box 3649 · Fort Smith, AR 72913  
Fax: 479/788-7095 · [finaid@uafortsmith.edu](mailto:finaid@uafortsmith.edu)

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

Major \_\_\_\_\_

Term: \_\_\_\_\_ **A grade of “C” or higher is required in every course in which I enroll.**

Course #	Course Title	Credit Hours

Term: \_\_\_\_\_ **A grade of “C” or higher is required in every course in which I enroll.**

Course #	Course Title	Credit Hours

Term: \_\_\_\_\_ **A grade of “C” or higher is required in every course in which I enroll.**

Course #	Course Title	Credit Hours

GPA	Completed Hours	Attempted Hours	% Completion

I understand by signing this form that I will be required to follow this Academic Plan. It is my responsibility to be making SAP minimum satisfactory requirements by \_\_\_\_\_.

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

Date: \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Financial Aid Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Academic Plan Student Agreement

I understand that my appeal for Financial Aid Reinstatement has been approved and that I am eligible to receive Financial Aid as long as I meet the requirements for my academic plan. It is my responsibility to seek help through the Gordon Kelly Academic Success Center, to meet with my academic advisor and my instructors to get the help I need to succeed academically. I also understand that if I fail to meet any requirement of my academic plan my financial aid will be *revoked*.

Read and initial each of the following lines:

\_\_\_\_\_ I will take the courses listed on my Academic Plan.

\_\_\_\_\_ I will pass each course with a grade of a “C” or higher.

\_\_\_\_\_ I will not drop any course in which I enroll.

\_\_\_\_\_ If I am notified that a change in my Academic Plan outside of my control will occur I will discuss the situation with a Financial Aid Advisor immediately.

\_\_\_\_\_ I have researched the requirements of my declared major and I am able to successfully complete my chosen program of study. It is my responsibility to know the admission and graduation requirements for my major.

\*\*Academic Plans will be reviewed *each semester* and an additional Academic Plan may be required\*\*

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

Financial Aid Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_