



Financial Aid Satisfactory Academic Progress - **Academic Plan**

*indicates student required to complete – all other sections are for office use only

*Student Name: _____

*Student ID: W000_____

*Degree/Certificate: _____

Current standing at the end of (semester):	
Total Credits Earned:	
Total Credits Attempted:	
SAP Completion Percentage/Pace:	
Credits Earned Towards Degree/Certificate:	
Credits Attempted Towards Degree/Certificate:	
Total Credits Required for Degree/Certificate:	
Cumulative GPA:	
Anticipated Graduation Date:	*

➤ **Yes / No - Specific Courses Required (*you must meet with your academic advisor to complete this item)**
Term _____ (please list additional terms on the back side of this form)

Course Number	Course Title	Credit Hours	Class Format (online/face-to-face)

Note: A student who is not successful when taking 12 or 9 Credit hours may want to consider taking fewer credits in order to increase their chances of completing their classes with a satisfactory status. A student who wants to take full time credits will need to demonstrate that they will be able to study 1 hour for every class (outside of class time) that they are taking each week.

Academic Advisor's Signature: _____ **Date:** _____

*Student Signature Required on back**

➤ **Yes / No - Semester GPA Required**

GPA required for next semester of enrollment	GPA Required

➤ **Yes / No - Semester Completion Percentage Required**

Completion percentage required for next semester of enrollment	Completion % Required

Student Certification: I understand that the WATC Financial Aid office will review my academic progress each semester and that my financial aid eligibility will be terminated if I am not meeting the College's Satisfactory Academic Progress standards for financial aid. I understand that if my academic plan above includes specific course recommendations and my actual enrollment deviates from the courses listed above, my financial aid will be suspended. If I have not enrolled in the courses included in my academic plan and am not progressing toward graduation requirements, I will be ineligible for financial aid.

***Student's Signature:** _____ **Date:** _____

Before your financial aid is approved you must sign and submit (and have your advisor sign, if applicable) this Academic Plan to the WATC Financial Aid Office located at one of the following locations:

Wichita Area Technical College
 Financial Aid
 4004 N. Webb Rd. Wichita, KS 67226

Wichita Area Technical College
 Financial Aid
 4501 E. 47th St. S. Wichita, KS 67210

Optional Extended Academic Plan

Term: _____

Course Number	Course Title	Credit Hours	Class Format (online/face-to-face)

Term: _____

Course Number	Course Title	Credit Hours	Class Format (online/face-to-face)