

SECTION 1-STUDENT INFORMATION

Student:

Eastern WV CTC

316 Eastern Drive Moorefield, WV 26836

Phone: 304-434-8000 **FAX:** 304-434-7004

Email: FINAID@easternwv.edu

2024-2025 Educational Plan

ATTENTION ADVISORS- A students on a financial aid appeal plan will only be considered for renewal with the submission of a completed academic plan developed by the student and his or her advisor. At the end of each semester, the student's academic record will be reviewed to ensure that he or she is following the plan from the previous semester. This plan will be submitted, to the financial aid office, until the student reaches good standing in his/her financial aid status.

The plan must demonstrate an outline of the coursework necessary to COMPLETE HIS OR HER DEGREE and ACHIEVE THE MINIMUM SATISFACTORY ACADEMIC PROGRESS (SAP) STANDARDS.

Student's Name:	Student ID:
Current Major:	Anticipated Graduation Date:
SECTION 2-ACADEMIC PLAN	
Develop a plan that includes the <u>classes and grade</u> provided. The number of semesters required dependent in the student is enrolled in a certificate	es he or she must earn to ensure SAP will be met within the timeframe nds on the student's situation; however, there are restrictions to the e program, the plan may not exceed two full time semesters or four part ociate degree program, the plan may not exceed four full time semesters
	ED FOR THE STUDENT'S CURRENT MAJOR. w a 2.0, please indicate the actual grades needed to be earned in order to
Course Name	Credit Hours/Grade Needed to Graduate
Example: Math 110	3/B
ADDITIONAL COMMENTS:	
By signing, I certify that I have discussed the	academic plan contained in this recommendation with the student.
Academic Advisor:	Date:

Date: