



## Plan of Action

List the classes that you plan on taking that are required to complete your declared degree objective degree.

Fall 2013	Spring 2014
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

**The Financial Aid Appeals Committee wants you to be successful in all subsequent semesters.**

Set up an appointment with Tawny Crum, GBC Financial Aid Office at **(775) 753-2399**.

\_\_\_\_\_ I have read and understand the Satisfactory Academic Progress Policy (SAP).

\_\_\_\_\_ I understand that I must Maintain a 2.0 GPA.

\_\_\_\_\_ I understand that I must complete all classes.

\_\_\_\_\_ I understand that I must maintain an overall completion rate of 67%.

\_\_\_\_\_ I understand that I cannot add or drop any classes before talking to the Financial Aid Office.

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

**ID#:** \_\_\_\_\_ **(Required)**