Must be submitted by advisor to our office—Instructions on Back



Satisfactory Academic Progress Advisor Certification Form 2023-2024

Date:

The following student is failing to meet satisfactory academic progress for financial aid purposes. To ensure the student is working to correct his/her deficiency(ies) and has established an academic plan that will result in the successful completion of his/her degree, the following information must be completed by the student and advisor and submitted to the Student Financial Aid Office (SFA) as part of the student's appeal.

SECTION I – To be completed by the student prior to meeting with your academic advisor:								
Student's Name:		BGSU ID:						
Last		First						
Phone:	B0	GSU Email:						
Check the criterion/criteria for which you are appealing as stated on your notification letter/email:								
☐ Below GPA		☐ Maximum Time Frame		e \Box Completion Rate			2	
SECTION II – To be completed by the <u>student</u> and verified by the academic advisor after meeting								
Date(s) met with stu	ident:		CAR	EER:	□U	ndergraduate	☐ Graduate	
CURRENT TERM:	<u>CAMPUS:</u>	<u>DEGREE:</u>						
☐ Summer 2023	☐ Bowling Green	\square Doctoral	□ 2 ⁿ	d Docto	ral	☐ Certification	n	
☐ Fall 2023	\square Firelands	\square Master's	□ 2 ⁿ	^d Maste	r's	☐ Specializat	ion	
☐ Spring 2024	☐ Distance	☐ Bachelor's	lor's 🗆 2 nd Bache		Bachelor's		censure/Renewal	
	☐ E-Campus	\square Associates	□ 2 ⁿ	^d Associ	ate's	☐ Associate's	after Bachelor's	
		☐ Preparator	atory Courses for degree in:					
				Stude	nts Resp	oonse	Advisors Confirmation	
Declared Major(s)/Minors – Please identify all majors/minors:								
Anticipated graduation date for declared major(s):								
Total number of credit hours earned toward degree:								
Total number of Transfer credit hours earned toward degree:								
Degree that student has ALREADY received (if applicable):								
Please sign and submit this completed form along with a copy of your graduation plan to your advisor By signing this, I allow my advisor to provide additional information and submit to SFA on my behalf.								

Student Signature____

Must be submitted by advisor to our office

SECTION III – To be completed by the advisor:

Please provide the additional information request academic success of this student (i.e., changed materially, etc.), if applicable.									
For Maximum Time Frame Appeal, please complete the following:									
To graduate, the student must completeadditional hours including those currently enrolled in.									
By signing, you indicate that the information on this form is accurate as of the date signed.									
Advisor's Name:	Email:	_@bgsu.edu							
Advisor's Name:(please print) Advisor's Signature:									
College/Department:									
If SFA staff should follow up with another advisor/									
Name:	Title:								

Advisors, we recommend submitting this form electronically using our document upload feature on our website. Please do not send back to student to submit.

DOCUMENT SUBMISSION:

Advisors, please be sure to use the Guest Upload option.

https://finaid.bgsu.edu/prd/document submission/

MAIL OR FAX THIS FORM TO:

Bowling Green State University Student Financial Aid and Scholarships 227 Bowen-Thompson Student Union Bowling Green, Ohio 43403-0114 Fax: 419-372-0404.

HAVE QUESTIONS?

If you need assistance completing this form you may contact a financial aid advisor by calling 419-372-2651, M-F, $8:00\ am-5:00\ pm.$