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



# Satisfactory Academic Progress Advisor Certification Form 2022-2023

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 st	udent prior to m	eetin	g with yo	our aca	demic advisor	
Student's Name:		BGSU ID:					
Last		First					
Phone:		BGSU Email:					
Check the criterion	n/criteria for which y	ou are appealing	as sta	ated on y	our not	ification letter	/email:
☐ Below GPA		☐ Maximum Time Fra		me 🗌 Completion Ra			e
SECTION II – To be	e completed by the s	tudent and verifi	ed by	the acad	demic a	ndvisor after m	eeting
Date(s) met with stu	dent:		CAR	EER:	□ Un	dergraduate	☐ Graduate
CURRENT TERM:	<u>CAMPUS:</u>	DEGREE:					
☐ Summer 2022	☐ Bowling Green	$\square$ Doctoral	□ 2'	nd Doctor	al	☐ Certificati	on
☐ Fall 2022	☐ Firelands	☐ Master's	□ 2'	<sup>nd</sup> Master	's	☐ Specializa	tion
☐ Spring 2023	☐ Distance ☐ Bachelor's		□ 2'	<sup>nd</sup> Bachelor's □ Teache		☐ Teacher L	icensure/Renewal
	☐ E-Campus	☐ Associates	□ 2'	<sup>ıd</sup> Associ <i>a</i>	ate's	☐ Associate	's after Bachelor's
		☐ Preparator	y Cou	rses for c	degree	in:	
				Studen	ts Respo	nse	Advisors Confirmation
Declared Major(s)/Minors – Please identify all majors/minors:							
Anticipated graduation date for declared major(s):							
Total number of cred	dit hours earned tow	ard degree:					
Total number of Tran	ee:						
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:**

	ed. Explain any other factors that have contributed to the jors, studied abroad, internship/co-op, illness, death in the						
For Maximum Time Frame Appeal, please complete the following:							
To graduate, the student must complete	_additional 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						
(please print) Advisor's Signature:	Ph:Date:						
College/Department:							
If SFA staff should follow up with another advisor/faculty mentor, please list below:							
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:**

Please be sure to use the Guest Upload option. The student's ID and last name are required to be entered for upload.

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.