

Student Signature

Documents for the results.

deadline will result in an automatic suspension status.

2023-2024 Academic Plan Review Form SPRING 2024

Student Name:	Student ID Number_	
		(Listed on Hawkeye ID)

To Be Completed by the Academic/College Success Advisor or Academic Advisor:

Yes, this student is successfully meeting the conditions of the academic plan and the graduation date has not changed.

Yes, this student is successfully meeting the conditions of the academic plan; however, the graduation date has changed so the student's explanation of the reason for the change is below, as well as the updated academic plan has been attached.

No, this student is NOT successfully meeting the conditions of the academic plan. If no, please explain below.

Advisor Name		Ext. #	
	To Be Completed	by the Student:	
academic plan I pre to the conditions of understand that failu	viously submitted with my Financial Aid Satisfact the mentioned academic plan and terms set forth b	ege Success Advisor or Academic Advisor and have tory Academic Progress Standards (SAP) appeal. It by the Financial Aid Satisfactory Academic Progred I failure to meet with my Academic/College Success to the loss of my financial aid eligibility.	I continue to agree ess Committee. I
Advisor; however, i Office. Semester gr	it is still recommended. Please note semester grad- raduating:	neet with your Academic/College Success Advisor luating, sign, date and return this form to the Finar nating semester, but will be considered to have met	ncial Aid

Hawkeye Community College does not discriminate on the basis of sex; race; age; color; creed; national origin; religion; disability; sexual orientation; gender identity; genetic information; political affiliation; or actual or potential parental, family, or marital status in its programs, activities, or employment practices. Veteran status is also included to the extent covered by law. Any person alleging a violation of equity regulations shall have the right to file a formal complaint. Inquiries concerning application of this statement should be addressed to: Equity Coordinator and Title IX Coordinator for employees, 319-296-4405; or Title IX Coordinator for students, 319-296-4448; Hawkeye Community College, 1501 East Orange Road, P.O. Box 8015, Waterloo, Iowa 50704-8015; or email equity-titleIX@hawkeyecollege.edu.

• Complete, sign, and return to the Hawkeye Financial Aid Office no later than Wednesday, May 8, 2024. Failure to meet this

• Please allow 7 to 10 days for the review of this form. Monitor your MyHawkeye/Self-Service/Financial Aid/Complete Required

Date