

Academic Advisor Questionnaire

Advisor Name: _____ Department: _____

Advisor Telephone: _____ Advisor E-Mail: _____

This student is currently ineligible to receive financial aid due to failure to meet Satisfactory Academic Progress (SAP) standards.

The information that you provide on this form will serve a vital role in our decision-making process.

Have you discussed with the student their current SAP deficiencies? Yes
If no, please do so before you complete this form.

Is the student under any restrictions or conditions with the academic department? Yes No

If yes, please list:

Please list the student's semesters remaining until graduation and their expected enrollment in each semester.

	Semester - Year	Expected Enrollment (Hours)	R E P E A T S		Semester - Year	Expected Enrollment (Hours)	R E P E A T S		Semester - Year	Expected Enrollment (Hours)	R E P E A T S
1				5				9			
2				6				10			
3				7				11			
4				8				12			
Total Hours Remaining Until Student Can Receive Degree:											

***Note: Please indicate if any of the above courses are repeated.**

What is the student's expected graduation semester/date? _____

Please describe your recommendations to the student in regards to academic improvement and degree completion.

Advisor Signature: _____