



**SATISFACTORY ACADEMIC PROGRESS APPEAL
ACADEMIC PLAN WORKSHEET (page 1)**

Please print clearly—illegible documents cannot be processed

Student Name: _____ Campus ID: _____

Program/Major: _____ Expected Graduation Date: _____ Cum GPA: _____

Complete the following section by listing all the courses you need to take each semester to complete your degree at UMBC (you should begin with your current semester of enrollment i.e.: Fall 2019). You must enroll only in courses necessary to complete your program of study. Attach an additional sheet if necessary.

Semester:	Semester:	Semester:
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Total:	Total:	Total:

Semester:	Semester:	Semester:
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Course: _____ Crs: _____	Course: _____ Crs: _____	Course: _____ Crs: _____
Total:	Total:	Total:

Student Signature _____ Date _____

Advisor Signature _____ Date _____