



# Lincoln University

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## Office of Financial Aid

1570 Baltimore Pike  
Lincoln University, PA 19352-0999

800-561-2606 phone  
484-365-8198 fax

[financialaid@lincoln.edu](mailto:financialaid@lincoln.edu)

## STUDENT ACADEMIC PLAN

**Student:** Please take this sheet to your advisor to discuss the coursework you need to repeat and new courses in which to enroll. In addition, you should discuss credits and courses that you need in order to complete your declared major. Finally, discuss what additional study aids (e.g., EMAP, study halls, tutoring, etc.) you will utilize to ensure that you are staying on-track this year. Once you and your advisor have completed the sheet, please take it to the Office of Financial Aid in order to remove the hold that has been placed on your account. If your advisor is not available, you may go to the department chair.

**Advisor:** Please provide your input to this student’s satisfactory academic progress. Prior to completing this section, please review the major plan with the student. The intent is to make sure the student is aware of requirements and on-track to graduate with their declared major.

Please refer to the student’s Probation letter sent from the Committee on Admissions, Academic Standing and Financial Aid for the course(s) that the student must retake as a condition of the approved appeal. A copy of the letter was sent to you electronically.

Student Name:

Student ID#

Student Major:

Projected graduation date:

Number of credits remaining to complete major:

Courses to be repeated (list semester/year to repeat) **Use additional space as needed.**

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Courses in which student will enroll Fall 2023 semester:

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Courses in which student will enroll Spring 2024 semester:

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Academic support services to be used (estimate time commitment)

Use additional space as needed.

Advisor:

Is the student's academic plan for the upcoming year reasonable in terms of semester hours and class difficulty? \_\_\_\_ YES \_\_\_\_ NO If no, please explain:

Please list any additional comments or recommendations to aid in the student's future success.

Student:

Do you understand your academic plan as outlined for the upcoming year? \_\_\_\_ Yes \_\_\_\_ No

Do you understand that you will need to register for those courses listed above in order to successfully follow your academic improvement plan? \_\_\_\_ Yes \_\_\_\_ No

By signing below, I acknowledge that I am agreeing to follow the above academic plan in order to attain Satisfactory Academic Progress.

Student name (please print):  Date:

Student signature: \_\_\_\_\_

By signing below, I acknowledge that the student has read the academic plan and has had the opportunity to ask questions regarding attaining Satisfactory Academic Progress.

Name of advisor (please print):  Date:

Advisor signature: \_\_\_\_\_