



Financial Aid Office  
 Phone: (801) 524-8111  
 Email: [finaid@ldsbc.edu](mailto:finaid@ldsbc.edu)

# GPA and Pace Academic Plan

*\*Must be completed with an academic advisor*

BUSINESS  
COLLEGE

Student Name \_\_\_\_\_

Student ID # \_\_\_\_\_

## Disqualification Reason(s):

Please select **one**:

*If you are unsure,  
please contact the  
financial aid office*

**Pace** (Students must complete 67% of attempted credits)

**GPA** (Students must maintain a cumulative GPA of < 2.0)

**GPA & Pace**

**Instructions:** *This agreement represents a contract between you and the Office of Financial aid. You will need to schedule an appointment to meet with your academic advisor to complete this form and you will both need to sign the form. Submit the completed form to the financial aid office. No financial aid will be disbursed until this appeal is received and approved by our office.*

## To fulfill your academic plan, you must:

- Achieve a semester grade point average of at least 2.0.** (A higher GPA may be necessary to reach good academic standing.)
- Limit withdrawals – Failure to earn credit in 67% attempted hours will result in noncompliance with the SAP Pace agreement.**

## This academic plan will remain in effect until either:

- You meet Satisfactory Academic Progress (SAP) requirement; **OR**
- Your enrollment exceeds the maximum timeframe allowed for your degree program, based upon attempted credit hours; **OR**
- You fail to meet the terms of the plan.

## Student Responsibilities:

*Please place your initials beside each line indicating you have read and understood each item.*

|   |  |
|---|--|
|   | I understand I must get at least a 2.0 GPA each semester.  |
|   | I understand that I need to limit withdrawals and I must complete 67% of the credits I attempt each semester.  |
|   | I agree to consistently attend classes, beginning with the first class of the semester.  |
|   | I agree to contact the Student Development Center (Advising, Tutoring, Counseling, etc.) and/or my instructor, if I am experiencing difficulty in classes. |
|   | I agree to make an effort to attend the weekly LDSBC devotional.   |
|   | I agree to follow the suggestions and recommendations discussed and developed by my academic advisor.  |
| I understand that I have the responsibility to follow this SAP improvement plan and that failure to meet financial aid Satisfactory Academic Progress (SAP) will result in the suspension of my financial aid eligibility. This plan reflects realistic and attainable goals. |  |
| Student's Signature   | Date   |

## Academic advisor

I have met with this student and discussed this academic plan; which if followed, may allow the student to attain the academic standing required for LDSBC graduation requirements. The plan reflects realistic and attainable goals for the student.

Advisor's Name (please print) \_\_\_\_\_

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

### Important Notes:

At the end of each semester, the financial aid office will confirm your fulfillment of these conditions. If you fail to meet the outlined requirements, you will not qualify for future assistance until you meet SAP standards on your own. If, however, students encounter new extenuating circumstance(s), not reported in prior appeals, an additional appeal could be appropriate and could receive consideration.