



TERM	FINAL DEADLINE
Summer 2019	June 7, 2019
Fall 2019	August 23, 2019
Spring 2020	January 24, 2020

Satisfactory Academic Progress- Revised Academic Plan

INSTRUCTIONS>>>

Student's Name (Last, First, MI) _____ myWSU ID Number _____ Date _____

Degree _____ Major _____ Anticipated Graduation Date _____

Semester/Year: _____/20____

Course Name	Cr. Hrs.
Total	

Semester/Year: _____/20____

Course Name	Cr. Hrs.
Total	

Semester/Year: _____/20____

Course Name	Cr. Hrs.
Total	

Semester/Year: _____/20____

Course Name	Cr. Hrs.
Total	

Semester/Year: _____/20____

Course Name	Cr. Hrs.
Total	

Semester/Year: _____/20____

Course Name	Cr. Hrs.
Total	

Student's Signature (**Required**) _____ Date _____
Digital signature cannot be accepted.

Adviser's Signature (**Required**) _____ Date _____
Digital signature cannot be accepted.

Adviser's Printed Name _____ Phone Number _____

Adviser's Department/College _____

WICHITA STATE UNIVERSITY | Office of Financial Aid | Jardine Hall Rm. 203 | 1845 Fairmount Street | Wichita, KS 67260-0024
 tele: (316) 978-3430 | toll free: 1-855-WSU1STP (978-1787) | fax: (316) 978-3396 | web: www.wichita.edu/financialaid

FOR OFFICE USE ONLY: **1819 = Summer 2019** **RVPLN1 (1st)** **RVPLN2 (2nd)** **RVPLN3 (3rd)**
Tracking Code: **1920 = Fall 2019 / Spring 2020** **RVPLN1 (1st)** **RVPLN2 (2nd)** **RVPLN3 (3rd)**
Revision Date: 6/18/2019