

SATISFACTORY ACADEMIC PROGRESS CONTINUED PROBATION AGREEMENT

GSU ID# _____

NAME _____

SEMESTER _____

I understand that my financial aid is processed on a probationary basis. My classes will be validated based on meeting the conditions of the Satisfactory Academic Progress Policy. I further understand that if I do not meet these conditions, I am responsible for my tuition and fee charges.

This form must be submitted to the Office of Financial Aid no later than the last day of the semester for which the continued probation agreement is for. Late forms will not be accepted.

Student
Signature _____ **Date** _____