

## **SATISFACTORY ACADEMIC PROGRESS CONTINUED PROBATION AGREEMENT**

**GovState 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 & Scholarships 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:** \_\_\_\_\_