

## **2025-2026 Satisfactory Academic Progress Degree Completion Plan**

Student Name:		ID:	
Email Address:		Phone:	
Degree Enrolled at CFK:			
Anticipated Graduation Date:			
Semester Appealing for Aid (check only one):	Fall 2025	Spring 2026	Summer 2026
Academic Advisor:			

As part of your appeal requirements, this form must be approved and signed by the academic advisor in your degree program. Outlined below are the steps you must follow to complete this plan:

1. Complete the chart indicating the hours required to complete your degree requirements:

Semester Information	Number of Hours
Semester appealing for enrollment:	
Hours enrolled for upcoming semester:	
Hours remaining for degree completion:	
Semesters remaining to graduate:	
Total number of hours required for program:	

- 2. Review the course requirements for your degree program in DegreeWorks (accessible through online services)
- 3. Identify those courses that you need to take to fulfill your degree requirements
- 4. On the charts below, map out your remaining courses one semester at a time. Make sure the number of hours you plan for each semester is manageable. Please remember to review prerequisites to be sure that you are taking the courses in the correct sequence.

Semester:_	Year:		Semester:_	Year:	
CRN	Title	Credit Hours	CRN	Title	Credit Hours
	Total Semester Hours:			Total Semester Hours:	
Semester:_	Year:		Semester:_	Year:	
CRN	Title	Credit Hours	CRN	Title	Credit Hours
	Total Semester Hours:			Total Semester Hours:	
Semester:_	Year:		Semester:_	Year:	
CRN	Title	Credit Hours	CRN	Title	Credit Hours
	Total Semester Hours:			Total Semester Hours:	
degree-cor	demic advisor of this student, mpletion requirements.	the informa	tion reflected is	an estimated plan of this stu	ident's
Academic /	Advisor Comments:				
Academic Advisor's Signature				Date	
	dent, I have met with my acade d the requirements listed abov		r concerning the	e above information and certi	ify that I
Student's S	Signature			Date	