

Student instructions to complete SAP or reinstatement appeals **during the campus closure:**

For HEALTH SCIENCE majors:

All health science majors requesting a SAP appeal or reinstatement whether pursuing a program or in a limited entry program must **first** complete an [Online Health Programs Orientation](#) if you haven't previously attended one and schedule an appointment with a health programs advisor for a one-hour appointment through <https://hpa.mywconline.com/>

For All Other majors: (e.g., Non-Health Science majors)

All other (e.g., non-health science) majors requesting a SAP appeal or reinstatement should schedule an appointment (e.g., phone, email, and web conference) with a counselor through MyCoyotePLAN. You will find instructions for scheduling an appointment at <https://www.csn.edu/counselingdepartment>



ACADEMIC REHABILITATION PLAN

(To be Completed by a CSN Counselor/Health Science Advisor)

Submit your completed SAP appeal to sap@csn.edu using your official CSN student email



Student Name: _____

Catalog Year: _____

NSHE #: _____

Declared Major: _____

Section 1: Only includes classes that lead towards the completion of the declared major. Add course name and number. The student must be enrolled in the classes, as listed on this form.

FIRST SEMESTER RECOMMENDED CLASSES	SECOND SEMESTER RECOMMENDED CLASSES	THIRD SEMESTER RECOMMENDED CLASSES
Term - _____	Term - _____	Term - _____
Course: _____ Crd: _____	Course: _____ Crd: _____	Course: _____ Crd: _____
Course: _____ Crd: _____	Course: _____ Crd: _____	Course: _____ Crd: _____
Course: _____ Crd: _____	Course: _____ Crd: _____	Course: _____ Crd: _____
Course: _____ Crd: _____	Course: _____ Crd: _____	Course: _____ Crd: _____
Course: _____ Crd: _____	Course: _____ Crd: _____	Course: _____ Crd: _____

Total Credits Remaining Until CSN Graduation: <input type="text"/>	Total Transfer Credits Brought to CSN by Student: <input type="text"/>	Total Transfer Credits That Apply to CSN Degree, Including Previous CSN Degree Credits: <input type="text"/>
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ADDITIONAL RECOMMENDATIONS

I agree to visit/revisit with my counselor/health science advisor to review my progress prior to enrolling in the second semester of this plan. I agree to take the Math and/or English (check one) Placement Exam at the CSN Testing Center before the next enrollment period.

I agree to visit the Math & Science Drop-in Labs a minimum of _____ and, if asked, will submit proof of my visit(s).

I will utilize CSN Tutorial Services for the following class (es): _____

I will seek accommodations from the CSN Disability Resources Center during the course of this Plan.

Other: _____

Other: _____

Counselor/Health Science Advisor Print Name: _____

Effective Date: _____ Department: _____ Email: _____

I acknowledge and understand that ***any failures or withdrawals (including audits) will invalidate this plan*** and place me back on Financial Aid SAP suspension. I agree to follow this Academic Rehabilitation Plan and if any changes are required, I agree to meet with my counselor/health science advisor to create and submit an updated Academic Rehabilitation Plan to the Financial Aid Office.

Agreed and Acknowledged by: _____ Date: _____

Student Signature (Your typed name will act as your physical signature)