



Reasonable Academic Progress Academic Advising Form

For Non-Degree Students

OFFICE OF FINANCIAL AID

Student's Name (Last, First, M. I.). *Please print.*

Student Social Security Number

THIS FORM IS FOR NON-DEGREE STUDENTS ONLY.

Dear Advisor:

The above non-degree student is currently in violation of the Reasonable Academic Progress (RAP) standard at the University of Colorado at Boulder Financial Aid Office. Due to this violation, the student is not eligible for financial aid at this time and is filing an appeal to be reconsidered for aid. RAP is a federal, state and institutional policy to ensure that students who are receiving financial aid are making satisfactory academic progress toward obtaining their degree. At CU-Boulder, reasonable academic progress for **non-degree students** is measured by: **(1) Maintaining a semester and cumulative 2.0 GPA, (2) Completing 100% of all courses attempted, and (3) Finishing an undergraduate degree program within 180 attempted credit hours.** Failure to meet any one of these standards will result in ineligibility for financial aid. Students may appeal the RAP violation if there are extenuating circumstances that contributed to their ability to meet the policy standard.

As part of the Appeal Process, we encourage students to seek academic advising in order to determine a plan to ensure future academic success. Thank you for taking the time to assist this student. Please call (303) 492-5091 or the receptionist at (303) 492-7347 if you have questions.

Sincerely,

Rap Committee
Office of Financial Aid

Department _____

I have seen this student _____ times during the last semester _____ times during the past year.

In your opinion, do you think the student is taking the necessary steps to achieve academic success at CU-Boulder?

yes no uncertain

Have you discussed an appropriate course load and selection for the current semester?

yes no

Did you recommend that the student to contact any other support services on campus for continued assistance?

(If yes, please specify below, or you may use the space for any additional comments.) Yes

No

Advisor/Evaluator (print): _____ Phone Number: _____

Advisor/Evaluator (signature): _____ Date: _____

Please mail or fax this form to:
University of Colorado at Boulder
Office of Financial Aid
RAP Committee
Campus Box 77 UCB
Boulder, CO 80309-0077
Fax: (303) 492-0059

