



Financial Aid Office
1801 East Cotati Avenue
Rohnert Park, CA 94928

www.sonoma.edu/finaid
Tel: (707) 664-2389
Fax: (707) 664-4242

Name \_\_\_\_\_

ID: \_\_\_\_\_

FINANCIAL AID
SATISFACTORY PROGRESS AGREEMENT
FOR
RETURNING INTERNATIONAL PROGRAM STUDENT

College/University Attended: \_\_\_\_\_

- I understand that I am expected to meet Financial Aid Satisfactory Academic Progress requirements when receiving federal and state financial aid at Sonoma State University.
I understand that the Financial Aid Office is unable to determine my current progress because my IP grades have not yet been forwarded to Sonoma State University.
By signing this statement, I am confirming that I completed at least 12 units during each enrollment period that I was enrolled as an International Program student.

or

Other \_\_\_\_\_

- I understand that the Financial Aid Office expects the transcripts to be on file by the end of the next semester. When transcripts are received, my progress will be reviewed. If it is determined that I did not meet the Sonoma State University Financial Aid satisfactory progress requirements while enrolled as an International Program student, I understand that I will be held accountable for clearing the progress requirement during the current semester.

Student Signature

Date

For Office Use Only

FAO Representative Authorization \_\_\_\_\_ Date \_\_\_\_\_