

Academic Standards Office

Federal Financial Aid Academic Plan

PART I: STUDENT INFORMATION (to be completed by the student)

Last Name	First Name	Banner Number	
Major	Intended Degree		
BSC Email Address	Telephone Number (with Area Code)		
Mailing Address	City	State	Zip Code

Certification and Affirmation: My signature below signifies that I understand that I must successfully complete all courses outlined below with a passing grade (e.g. earned credit) and maintain the required cumulative GPA (2.0 UG; 3.0 GR) to be eligible for future federal financial aid.

Student's Signature _____
Date

PART II: ACADEMIC PLAN (to be completed by an Academic Advisor)

Please specify the courses for the **current semester and next two semesters** that the above named student needs to complete for this contractual agreement. In addition, please provide the required information below:

1. Indicate the student's anticipated graduation date (Ex. Spring 2018): _____
2. Indicate the total number of credit hours required to complete the degree noted in Part I of this form: _____

Academic Advisor (Please Print) _____
Date

Signature and Title of Academic Advisor	BSC Email Address	Telephone
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<i>Summer</i> _____		<i>Fall</i> _____		<i>J-Term</i> _____		<i>Spring</i> _____	
<i>Course & Cr. Hrs.</i>	<i>Alternate Course</i>	<i>Course & Cr. Hrs.</i>	<i>Alternate Course</i>	<i>Course & Cr. Hrs.</i>	<i>Alternate Course</i>	<i>Course & Cr. Hrs.</i>	<i>Alternate Course</i>
1.		1.		1.		1.	
2.		2.		2.		2.	
3.		3.		3.		3.	
4.		4.		4.		4.	
5.		5.		5.		5.	
6.		6.		6.		6.	
GPA Requirement _____		GPA Requirement _____		GPA Requirement _____		GPA Requirement _____	

Academic Standards Office Semester GPA Requirement: _____ **Mathematically Possible: Yes or No**

Justification (please print):

Signature: _____ **Date:** _____