

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 2020): \_\_\_\_\_
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

<i>Summer</i> _____		<i>Fall</i> _____		<i>J-Term</i> _____		<i>Spring</i> _____	
<i>Course &amp; Cr. Hrs.</i>	<i>Alternate Course</i>	<i>Course &amp; Cr. Hrs.</i>	<i>Alternate Course</i>	<i>Course &amp; Cr. Hrs.</i>	<i>Alternate Course</i>	<i>Course &amp; 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.	
<b>GPA Requirement</b> _____		<b>GPA Requirement</b> _____		<b>GPA Requirement</b> _____		<b>GPA Requirement</b> _____	

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

**Justification (please print):**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_