

**Federal Financial Aid Academic Plan**

**PART 1: STUDENT INFORMATION** (to be completed by the student)

Name (Last, first): \_\_\_\_\_ Banner ID: \_\_\_\_\_

Major: \_\_\_\_\_ Intended Degree: \_\_\_\_\_

BSC Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

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

**PART 2: 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 1 of this form: \_\_\_\_\_

Academic Advisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

BSC Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Advisor Signature and Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SUMMER		FALL		J-TERM		SPRING	
(year)		(year)		(year)		(year)	
Course and Credit Hours	Alternate Course	Course and Credit Hours	Alternate Course	Course and Credit Hours	Alternate Course	Course and Credit Hours	Alternate Course
GPA Required		GPA Required		GPA Required		GPA Required	

**Academic Standards Office Use Only**

**Semester GPA Requirement:** \_\_\_\_\_ **Mathematically Possible:**  Yes  No

**Justification** (please print):

  
  
  

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