

# Academic Plan

Student Name: \_\_\_\_\_

Term: \_\_\_\_\_

Course #	Course Title	Credit Hours

Total Credit Hours \_\_\_\_\_

Term: \_\_\_\_\_

Course #	Course Title	Credit Hours

Total Credit Hours \_\_\_\_\_

Term: \_\_\_\_\_

Course #	Course Title	Credit Hours

Total Credit Hours \_\_\_\_\_

Term: \_\_\_\_\_

Course #	Course Title	Credit Hours

Total Credit Hours \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby certify that I will complete the course plan above for my degree as outlined. I understand that any deviation from this completion plan or failure to meet cumulative GPA or earned hours requirements will result in immediate termination of my financial aid.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Financial Aid Director: \_\_\_\_\_

Date: \_\_\_\_\_