

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	(year)	FALL	(year)	J-TERM	(year)	SPRING	(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** _____