Unusual Enrollment History (UEH) Academic Plan

PART I: STUDENT	INFORMATION (to be completed b	y the student)				
Name (Last, first):					Banner ID:			
Major:					Intended Degree:			
BSC Email Address:					_ Telephone Number:			
Address (Street, C	ity, State, Zip):							
Student Signature:				Date:				
PART II: ACADEM	IIC PLAN (to be co	ompleted be an Ac	ademic Advis	or)				
complete for this ounofficially) from a 1. Indicate the	contractual agree any courses after student's anticip	ement. Once the a the drop/add per ated graduation da	cademic plan iod has endec ate (Ex. Spring	the current term the street is approved, the street is approved, the street is approved. In addition, pleas a 2015): te the degree noted	udent may not e provide the	t drop or withdra required informa	w (officially or	
Academic Advisor Name:					_ Date:			
BSC Email Address: Telephone Number:								
Advisor Signature:					Date:			
Summer		Fall		J-Term		Spring		
Course and Credit Hours	Alternate Course	Course and Credit Hours	Alternate Course	Course and Credit Hours	Alternate Course	Course and Credit Hours	Alternate Course	
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			<u> </u>					
							<u> </u>	
						- <u>-</u>		
GPA Required:		GPA Required:		GPA Required:		GPA Required:		
		Fir	nancial Aid C	Office Use Only				
Semester GPA R	•	\		Other Requir	ements: O	es O No		
Conditions (sele): ast 12.0 credit ho	ure) OV	as O No				
	-		-	es O NO			semester(s).	
☐ Other							222000.(0).	
FAO Signature				Date				