

# Financial Aid Academic Plan



**Student Information:**

Last Name	First Name	Student ID	SSN		
Address		City	State	Zip	

Please indicate the semester for which you are suspended from and enter your schedule from that semester.

Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Courses	Credits

Please enter your planned schedule for the next semester(s) if appeal is granted.

Fall \_\_\_\_

Spring \_\_\_\_

Courses	Credits

Courses	Credits

Summer \_\_\_\_

Fall \_\_\_\_

Courses	Credits

Courses	Credits

Expected Term of Graduation:

Student Signature:

Date:

Student Achievement Specialist Signature:

**CAO of Academic Affairs: Conditions of Approval**