Student Name				Email		
SUID			Telep	Telephone		
ins	apply for scholarship conside titutions, students must su ancial aid application requir	bmit an acad				
	complete the minimum personal difficulties.Students who choose to minor, second major, se	requirements enroll for addit cond degree, I	for the first baccal tional quarters in pur B.A.S. degree, or reta	aureate degree and suit of an honors prog aking classes for whice	if enrollment is essential to major, due to academic or gram, a coterminal program, ch a grade has already been y for loans, job eligibility, or	
inc Stu and	Provide your academic pla luding course number, units, dents must enroll in a minimu d UAR must review and sign the peditious manner. For UAR app	and reason for m of eight unit nis form to app	r each course, e.g., n s to be eligible for fin prove that this plan	najor, General Educat ancial aid, including l completes your degre	ion Requirement (GER), etc. oans. Your academic advisor	
Qu	arter	Year_				
- - -	Course # (e.g. Art 142)	# of Units	Major Rqmt (Y/N)	GER/WAYS (Y/N)	Other (explain)	
Ou	arter	Year				
-	Course # (e.g. Art 142)	# of Units	Major Rqmt (Y/N)	GER/WAYS (Y/N)	Other (explain)	
Qu	arter	Year_				
-	Course # (e.g. Art 142)	# of Units	Major Rqmt (Y/N)	GER/WAYS (Y/N)	Other (explain)	



ACADEMIC PLAN

 At the end of which quarter do you plan to graduate from y 	our undergraduate degree?	Quarter/Year	
• Have you enrolled in or will you enroll in a coterminal degree	ee program?	☐ Yes	□ No
2) Explain the extenuating circumstances that precluded Attach a separate letter to this form if additional space is necessary.		e within tv	velve quarters.
3) Complete all standard financial aid application requirements by the priority deadline will Students eligible for extended assistance are generally offer financial aid package.	receive an award letter notif	ication du	uring the summer.
 4) Student Certification: I certify I have carefully reviewed and this course schedule represents my current plan for comp I understand I must notify the Financial Aid Office if m I understand if my plan changes after obtaining one of my plan to all interested parties. I understand if my actual enrollment varies consideral or eliminated. 	leting the requirements in the y y course plans change. If the signatures below, I will pl	most expe	editious manner. updated version of
Student Signature	Date		
5) Department Certification : I certify this academic plan complete the remaining degree and major requirements.	represents the most efficient	manner	for the student to
Faculty/Staff Signature	Date		
Printed Name	Email		
Title	Telephone		
6) Undergraduate Advising and Research (UAR) Certifice efficient manner for the student to complete the remaining de		c plan re _l	presents the most
UAR Signature	Date		
Printed Name	Email		
Title	Telephone		