



Student Name _____ University ID Number _____
(please print) Last First Middle

Instructions:

This form should be completed by the student's Advisor and signed by both advisor and student. The information provided on this form will be used by the Academic Appeals Committee to determine the student's financial aid eligibility while attending another campus.

Degree Plan: _____

Is this student completing a dual degree? Yes No

Additional Degree Plan: _____

Is the student completing any minors and/or certificate in conjunction with their degree plan? Yes No

If yes, please list: _____

| Course | Hours | Semester | Required for Degree or Minor? Indicate Yes or No |
|--------|-------|----------|---|
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Signature and Consent

Signature certifies that you have read the statement below. Form must be signed and dated. An incomplete form will delay or prevent processing. Please allow 10-15 business days for processing.

Signature certifies that all of the information provided on this form is correct to the best of my knowledge.

Advisor Printed Name: _____ **Title:** _____

Department: _____ **Office Phone:** _____

Advisor Signature: _____ **Email:** _____

I understand that completing this form does not guarantee an increase or adjustment in financial aid.

Student Signature: _____ **Date:** _____