



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

Instructions:
Consult with your Academic Advisor to complete this form. The information provided on this form will be used by the Academic Appeals Committee to determine your financial aid eligibility. If aid eligibility is reinstated, continued eligibility will be contingent upon successful completion of the courses listed in the Course Plan section.

Graduation Date (Term/Year): _____ / _____

Degree Plan: _____

Is this student completing a dual degree? Yes No

Additional Degree Plan: _____

Could this student graduate now with the completed credit hours currently on file? Yes No

Number of remaining credit hours needed to complete intended degree (including current enrollment): _____

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

If yes, please list: _____

Information and Consent

Submission of this form certifies that you have read the statement below. An incomplete form will delay or prevent processing. Please allow 10-15 business days for processing.

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

Advisor Name: _____ **Title:** _____

Department: _____ **Office Phone:** _____

Date Submitted: _____ **Email:** _____

