INDIANA UNIVERSITY BLOOMINGTON

OFFICE OF STUDENT FINANCIAL ASSISTANCE

ACADEMIC PLAN PREPARATORY COURSEWORK

Student Name	University ID Number	r
(please print) Last First Middle		
Instructions: The Director of the Graduate Program or other designee will complete the Academic Plan and provide courses the student must complete to be admitted into the aforementioned graduate program.		
GPA Required for Admission:	Course	Hours Semester
Current undergraduate GPA:		
Previous Institution:		
Previous Degree:		
Graduate Program:		
Graduate Department:		
Bachelors Degree Received on Date (Term/Year):		
Number of remaining credit hours needed:		
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:	

408 N. Union St., Bloomington, IN 47405 | blfinaid@indiana.edu | Phone: 812-855-6500 | Fax: 812-855-7615

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