



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 enrollment and 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:** _____

Instructions to advisor for submission

Form should be completed by the academic advisor in consultation with the student.

After form is completed, the form can be emailed directly by the advisor from their IU email to iubosfa@iu.edu or sent securely through go.iu.edu/zsZ. This form cannot be submitted to OSFA from the student.



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Instructions:
Advisors and students should complete the Academic Plan together and provide the courses the student must complete to satisfy their educational, academic objectives. Please retain a copy of the Academic Plan for your records. Continuous eligibility will be contingent upon enrollment and completion of the courses listed below. Please list coursework below in chronological order.

| Course | Hours | Semester | Required for Academic Objectives? Indicate Yes or No |
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