



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:** \_\_\_\_\_

**Instructions to submit**

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

After form is completed, the academic advisor will review and sign to confirm its accuracy. Electronic signatures are accepted.

The form can be emailed to [iubosfa@iu.edu](mailto:iubosfa@iu.edu) or sent securely through [go.iu.edu/zsZ](https://go.iu.edu/zsZ).

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

**Instructions:**

Advisors and students should complete the Academic Plan 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.

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

**Signature and Consent**

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

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_