

Academic Plan for Financial Aid EDMONDS COLLEGE

Students: You must complete this form with an academic advisor.

Last Name: <input style="width: 90%;" type="text"/>	First Name: <input style="width: 90%;" type="text"/>	ctcLink ID: <input style="width: 90%;" type="text"/>
Prog of Study: <input style="width: 90%;" type="text"/>	Prog Code: <input style="width: 90%;" type="text"/>	Est. Completion Date: <input style="width: 90%;" type="text"/>
No. of Required Credits: <input style="width: 90%;" type="text"/>	No. of Credits Completed: <input style="width: 90%;" type="text"/>	Total Credits Remaining: <input style="width: 90%;" type="text"/>

Advisors: Students must complete this form with an academic advisor (Please complete this online if possible). Students cannot take any class that is not required, or is not a prerequisite for a required class. Financial aid students can only repeat a class once for funding purposes. Please indicate if the student has previously taken a class listed below two or more times.

Term: Su <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sp <input type="checkbox"/>	20 <input type="text"/>	Term: Su <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sp <input type="checkbox"/>	20 <input type="text"/>	Term: Su <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sp <input type="checkbox"/>	20 <input type="text"/>
<i>Department & Course No. Example: English 101</i>	Credits	<i>Department & Course No. Example: English 101</i>	Credits	<i>Department & Course No. Example: English 101</i>	Credits
Total Credits		Total Credits		Total Credits	
Term: Su <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sp <input type="checkbox"/>	20 <input type="text"/>	Term: Su <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sp <input type="checkbox"/>	20 <input type="text"/>	Term: Su <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sp <input type="checkbox"/>	20 <input type="text"/>
<i>Department & Course No. Example: English 101</i>	Credits	<i>Department & Course No. Example: English 101</i>	Credits	<i>Department & Course No. Example: English 101</i>	Credits
Total Credits		Total Credits		Total Credits	

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Advisor Notes:

Student Certification: By signing this form, I accept and agree to the following:

- The courses listed above are required for my program, and I can only enroll for these courses
- I must keep a copy of this plan and use it each quarter I enroll
- If I take courses outside my program, I become ineligible for financial aid
- I must get prior approval from the financial aid office if I make any change to this plan
- I understand that the financial aid office checks for completion of this plan at the end of each quarter

Note: you can change the order in which you take your classes, as long as the classes you take are listed on this plan

Student Signature: _____ **Date:** _____

Advisor Name (Print) _____

Advisor Signature: _____ **Date:** _____

Instructions:

- Print, sign, and date this academic plan
- Save this plan to your files as a PDF document
- Upload this plan with your appeal for:
 - Maximum Time Frame (MTF), or
 - Cancellation of Financial Aid

Student Note: If the financial aid office asked you to complete this form after you submitted an appeal due to Cancellation of Financial Aid, please complete a second appeal and on the appeal form, under “Tell us your plan for success,” indicate you are uploading your academic plan to go with your previous appeal. Upload this plan with your second appeal.