

# ACADEMIC CONTRACT FOR FINANCIAL AID

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Student Name \_\_\_\_\_ Major \_\_\_\_\_ Faculty Adviser \_\_\_\_\_ Date \_\_\_\_\_

**First Year**

Fall Semester	Year _____	Spring Semester	Year _____
Credits _____		Credits _____	

**Summer Coursework** \_\_\_\_\_ **Total Credits** \_\_\_\_\_

**Sophomore Year**

Fall Semester	Year _____	Spring Semester	Year _____
Credits _____		Credits _____	

**Summer Coursework** \_\_\_\_\_ **Total Credits** \_\_\_\_\_

**Junior Year**

Fall Semester	Year _____	Spring Semester	Year _____
Credits _____		Credits _____	

**Summer Coursework** \_\_\_\_\_ **Total Credits** \_\_\_\_\_

**Senior Year**

Fall Semester	Year _____	Spring Semester	Year _____
Credits _____		Credits _____	

**Summer Coursework** \_\_\_\_\_ **Total Credits** \_\_\_\_\_

I understand that, should my eligibility for financial aid be reinstated, I will be expected to complete the coursework as written above. I further understand that I may permanently lose my financial aid eligibility if I deviate from this plan without consulting with Office of Financial Aid.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_