ACADEMIC CONTRACT FOR FINANCIAL AID

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 Student Financial Services.

Student Signature Date Advisor Signature Date