



Financial Aid Plan of Study

A. Student Information

Student Name: _____ ID Number: _____

Expected Semester and Year of graduation: _____

Total Athens State credit hours needed to graduate: _____

Total hours not applicable toward current degree: _____

CRN	Subject Code	Course Number	Credit Hours	Projected	
				Semester	Year

If applicable, please attach additional semester information, curriculum adjustment approvals, and/or outside credit notifications (CLEP, SOPHIA, Advance Placement (AP), DSST, etc.)

B. Certifications and Signature

By signing below, I further understand and agree to the following:

- I certify I have consulted with a Student Success Coach to formulate an accurate plan that efficiently leads toward graduation.
- I understand I need to contact the Office of Student Financial Aid before deviating from this academic plan.
- I understand I need to contact the Office of Student Financial Aid before updating my degree plan, major and/or minor.
- I understand that academic plans are subject to change based on course availability.
- I understand there is no guarantee the courses above will be available during the projected semester(s).

Student Signature

Date