



Office of Financial Aid & Scholarships
Degree Completion Plan

Financial Aid Office Use ONLY		
___ Appeal	___ Post Degree	___ Prerequisites*

*Prerequisites must include a Preparatory Coursework Form

This form is to be completed by the student's academic advisor or authorized representative within the academic department. Its purpose is to assist in clarifying the student's degree completion date, which is used to determine appropriate financial assistance.

► **STEP 1 - STUDENT INFORMATION**

Student name (Last name, First name)	
A-State ID number	Cell phone number

► **STEP 2 - DEGREE INFORMATION**

Degree being sought	Advisor's name
Total hours required to complete degree	Academic department
Hours <u>only</u> remaining to complete degree	Expected graduation date (semester/year)
Has the student been admitted into this degree program? ☐ Yes ☐ No	

► **STEP 3 - TENTATIVE PLAN FOR COMPLETING THE DEGREE**

Term	Course Name/Number	# of Hours	Term	Course Name/Number	# of Hours
_____	_____	_____	_____	_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
_____	_____	_____	_____	_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
_____	_____	_____	_____	_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____

► **STEP 4 - SIGNATURES**

X	_____	_____
ADVISOR SIGNATURE		Date
X	_____	_____
STUDENT SIGNATURE		Date