

Student's Anticipated Graduation Date:

Advisor's Signature:

Advisor's Printed Name

## Office of Student Financial Aid

Summerville Campus 1120 15th St. Augusta, Georgia 30912

Phone: 706-737-1524 • Fax: 706-737-1777

## **ACADEMIC PLAN**

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Name:					Student ID:						
Major:					Jagmail:						
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*BIOL 3000	4										
*ASI	3										
*MATH 1101	3										
OSFA Use Only		Reviewer Initials:			Reviewer Initials:			Reviewer Initials: Reviewer Date:			
<ul> <li>Purchase</li> <li>Meet with</li> <li>Make use</li> <li>Attend all better to aid award</li> <li>Student Certification</li> <li>eligibility required</li> <li>coursework output</li> </ul>	your textbook n your advisor of your cours I courses duri drop during s Is. fication: I u uirements) or utlined in this	is in a timely manner and or professor if you are see syllabi. Know when a sing the schedule adjust chedule adjustment the adjustment that submits a probationary statuplan. Failure to do so well as in a probationary statuplan.	nd reguest having assignment prometer than to we tring the last of	larly at troublents an period s vithdra his Aca vill rer ult in to	e in a course. Seek tuto	ring if n  t that p  t dropp  to recestatus a  ial aid u	ecessal  point if ping a c  eive fin  as long  until I n	ry.  you need to drop a co course MAY reduce you cancial aid (contingent as I successfully com	r financ on oth oplete t	ner the	
Student's Sign	ature				Date						
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Advisor's Email

Date:\_\_\_\_\_