Academic Plan for Institutional Financial Aid
2013-2014

Type or write in BLACK ink. DO NOT use pencil.

STUDENT LAST NAME: FIRST: MI: STUDENT ID #:

LOCAL ADDRESS: ZIP:

PHONE: E-MAIL:

☐ UNDERGRADUATE ☐ GRADUATE ☐ NATIVE AMERICAN ☐ NURSING ☐ PHARMACY ☐ ARIZONA ASSURANCE

Federal regulations limit a student’s Federal Pell Grant lifetime eligibility to a total of 6 years (12 semesters) based on full-time enrollment. The University of Arizona is committed to assisting all students toward graduation in a timely manner. Students who have reached or are approaching their Pell lifetime limit will be required to complete an academic plan in order to maintain their eligibility for UA institutional grant aid. The submission of this Academic Plan for Institutional Financial Aid is optional, and will not affect a student’s eligibility for federal student aid. However, failure to submit an academic plan by the indicated deadline will result in the loss of future UA grant aid. This form is not required if the student is completing their program and graduating at the end of the fall term.

ACADEMIC PLAN FOR FINANCIAL AID
To be completed by the student and academic advisor.

College/Program

Estimated Graduation Date ___________ Major ____________________ Minor ____________________

In the grid below, list specific courses or general enrollment requirements.

Carefully evaluate this plan as students will be expected to complete all courses listed below. Understand that:

1. The submission of an Academic Plan does not guarantee the student’s eligibility for institutional grant aid.
2. If the student fails to complete the listed coursework and make progress toward graduation, s/he will lose eligibility for future institutional grant aid.
3. In addition to this Academic Plan for Financial Aid, students must meet the standards of Satisfactory Academic Progress (SAP) as outlined in the UA SAP policy to remain eligible for federal and institutional aid.

A complete withdrawal from any semester while on this academic plan should be discussed by the student with their academic advisor and financial aid counselor prior to the withdrawal.

The example below demonstrates 12-units of enrollment. If the student/advisor believes that the student will be better suited to enroll in less than 12 units per term during this Academic Plan for Institutional Financial Aid, please indicate below. Students must be enrolled in at least 9 UA units to be eligible for institutional grant aid. List the most efficient plan for the student to graduate; the plan should detail significant and reasonable progress. This plan must be for 2 terms, unless graduating.

<table>
<thead>
<tr>
<th>Example Academic Plan</th>
<th>Example Units</th>
<th>Term 1</th>
<th>Units</th>
<th>Term 2</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECON 330</td>
<td>3</td>
<td>Term:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MGMT 402</td>
<td>3</td>
<td></td>
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</tr>
<tr>
<td>Finance upper division</td>
<td>3</td>
<td>Term:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish minor elective</td>
<td>3</td>
<td></td>
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</tbody>
</table>
ACADEMIC ADVISOR CERTIFICATION

Please use the space below to include any details about the student’s Academic Plan for Institutional Financial Aid that are not listed on page 1 of this form. (A statement is optional if no additional details are required, but the form must be signed and dated by the student’s Academic Advisor.)

____________________________________________________________________________

____________________________________________________________________________

I certify that I have worked with the student to fill in the information listed in the Academic Plan for Financial Aid.

Academic Advisor Signature Date

Advisor Name (Print)

College / Major

Advisor Phone Advisor E-mail

STUDENT CERTIFICATION

I agree to this Academic Plan for Institutional Financial Aid. I understand that the submission of this form does not guarantee my eligibility for institutional grant aid, and that failure to follow and complete this plan will result in the loss of my eligibility to receive future institutional grant aid. I understand that I must also meet the standards of Satisfactory Academic Progress (SAP) as outlined in the UA SAP policy, and that failure to do so will result in suspension from federal and institutional aid. I acknowledge that I am responsible for reading and acting upon (when necessary) the information sent to my UA email account.

Student Signature __________________________ Date __________________________