

IUPUI and IUPUC
SATISFACTORY ACADEMIC PROGRESS
 Academic Plan
 2007-2008 Academic Year
 2008 Summer

Please return the completed form to:
 Office of Student Financial Aid Services
 PO Box 6032
 Indianapolis, IN 46206-6032
 (317) 274-4162
 (317) 274-5930 FAX
finaid@iupui.edu
www.iupui.edu/finaid

Advisor Name: _____ Department: _____

Email: _____ Phone: _____

Credit Hours Needed to Graduate: _____ Expected Graduation Date: _____

Degree: AS/AA____ BS/BA____ MS/MA____ PHD____ Major: _____

Student has changed majors, has transfer hours or is seeking a 2nd degree. Yes____ No____

If yes, list the number of hours earned that apply to current major _____ and the number of hours earned that do not apply to current major _____ (*should equal total hours earned*).

Please list the courses in which the student plans to enroll for this academic year:

TERM	SUBJECT & CATALOG # (i.e. ENG-W 131)	CREDIT HOURS
Fall		
Spring		
Summer		

Academic Advisor's Signature: _____