

MAX TIME FRAME ACADEMIC PLAN

Student's Name: _____

CSU ID: _____

Program/Degree: _____

Semester Requesting Aid: _____

No. of credits remaining for completion/graduation: _____

Expected Graduation Date: _____

In accordance with the Federal regulations about maximum time frame, we are required to have an **exact** academic plan that must be followed thru graduation or completion of your academic program. You, with your Advisor, need to list the courses required to complete your program of study. We will track your progress toward the completion of your program. If you deviate (change, add additional classes, fail or withdraw) from your plan, you will no longer be eligible for financial aid. If for any reason you need to move classes from one semester to another, you will need a written explanation from your advisor.

Term:

Courses	Credits

Term:

Courses	Credits

Term:

Courses	Credits

Term:

Courses	Credits

Term:

Courses	Credits

Term:

Courses	Credits

Advisor's Name _____

Advisor's Phone _____

Advisor's Signature _____

I understand that I cannot deviate from my plan for progress toward completion:

Student's Signature _____

Today's Date _____