

**LBWCC Financial Aid Appeal
Academic Plan**

Student Name: _____
 Student Number: _____
 Program of Study: _____

In order for your Financial Aid Appeal to be reviewed, you must meet with your academic advisor and create an academic plan to inform the Financial Aid Appeals Committee of how you plan to complete your degree or certificate.

Year 1					
Semester 1	Credits	Semester 2	Credits	Summer Session*	Credits
Total Credits		Total Credits		Total Credits	
Year 2					
Semester 1	Credits	Semester 2	Credits	Summer Session*	Credits
Total Credits		Total Credits		Total Credits	
Year 3					
Semester 1	Cr Hrs	Semester 2	Cr Hrs	Summer Session*	Cr Hrs
Total Credits		Total Credits		Total Credits	

*Summer Session courses are optional and may not be required for your program of study.

I have met with my advisor and I understand that I need to follow this academic plan in order to complete my degree or certificate and remain in good standing for my financial aid, to the greatest extent possible, if approved for my financial aid appeal. If I fail to follow this plan, I may lose my eligibility for financial aid.

Student Signature

Advisor Signature

Date

Date