

# Second Degree Academic Plan for Financial Aid

Millican Hall, Room 107 ○ Orlando, FL 32816-0113 ○ Phone: (407) 823-2827 ○ Fax (407) 823-5241



To be completed by the Academic Advisor, Department Head, or Dean

Name: \_\_\_\_\_ UCF ID/PID: \_\_\_\_\_ Phone: \_\_\_\_\_

Major: \_\_\_\_\_ Expected Graduation Date (mm/yyyy): \_\_\_\_\_

Total UCF GPA & Hours: \_\_\_\_\_ Total Cumulative GPA & Hours: \_\_\_\_\_

## FOR STUDENT

Please keep a copy of both pages of this Academic Plan to make sure you are adhering to the plan you are submitting to our office. Failure to keep to the Plan will result in the cancellation of financial aid. Second Undergraduate degree seeking students are allowed up to 70 hours to complete degree requirements.

Please list all previous degrees earned:

Earned Degree	Date Earned	Educational Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

## FOR ADVISOR

We are requesting your assistance in assessing the student's academic record. Please develop the Academic Plan in consultation with the student. Be as specific as possible, and include any required or restricted courses and any restrictions on full-time enrollment.

1. Provide a plan of study (courses and/or course load) in which the student is required to enroll that will successfully progress him/her toward completion of his/her program.
2. Include the length of time it will take for the student to complete his/her program.

### **Academic History:**

1. Timeframe for degree completion (expected graduation): \_\_\_\_\_
2. Is the student seeking a double major or additional minors? \_\_\_\_\_ If yes, please complete a separate Academic Plan for each major/minor. Please be aware we cannot guarantee approval of aid for double majors or minors for second degree seeking students.

**Comments/ Recommendations** (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Signature (**Academic Advisor/Department Head/Dean**): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title/Department: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Second Degree Academic Plan for Financial Aid (Part 2)

Plan of course work to complete second degree. Courses must be required for completion of student's degree.

**\*\*Please complete a separate Academic Plan for each major and/or minor.**

Revised Academic Plan

**Start with current term.**

Prefix Course #	Required?	credit hours per class	Term	Prefix Course #	Required?	credit hours per class	Term
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	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>		
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I, \_\_\_\_\_ attest that all information provided is true and complete, and I agree to and understand that I must abide by the Academic Plan (Part 1 & Part 2) set up by my academic advisor. I also understand that if I do not abide by the plan, I will lose eligibility for financial aid. I am required to keep a copy for my records. I am aware that SFA cannot guarantee an approval for a second degree seeking student attempting to pursue a double major or minor.

Student's Signature: \_\_\_\_\_ UCF ID/PID: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I have spoken with the student in regards to his/her Academic Plan and provided the student with access to a copy of the completed plan.

Signature (**Academic Advisor/Department Head/Dean**): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title/Department: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_