Arkansas State University Mountain Home
Office of Student Financial Aid

Hours Required to Complete Degree

Student's Name _____ Social Security Number _____

ASUMH Degree Being Sought _____ List Emphasis _____

The purpose of this degree plan is to record **all courses** remaining to be completed by the student for the specified ASUMH associate/certificate degree listed above and to determine an expected graduation date. Be sure the courses you have listed are only those that are required to complete the degree being sought. The information provided below will be used to determine eligibility for financial aid funds. **Please complete this form as accurately as possible**. **The student will be <u>required</u> to adhere to this list of courses in order to continue financial aid eligibility.** The student should be given a copy of the completed form for his/her records.

I. How many additional hours are required to complete the degree? _____

II. TERM COURSEWORK TO BE TAKEN

_____ _____
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_____ _____
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_____ _____
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III. Please list any GPA requirements for this degree and any special objectives, which must be met to complete the degree as outlined above. _____

IV. What is the student's anticipated graduation date (semester/year)? _____

I have reviewed the above named student's transcript and affirm the degree plan listed above to be correct to the best of my knowledge.

_____ _____

Advisor Signature **Date**

I have reviewed the information listed above and am in agreement with my adviser that this information is true to the best of my knowledge.

_____ _____

Student Signature **Date**