

SAP Maximum Credit Course List Form

This form must be completed by the student and academic advisor.

Complete the course list providing semester specific course enrollment structure until their degree is completed.

- Please indicate if a course is being taken as collaborative or with a consortium agreement at another institution – Student must provide proof of enrollment in that course from the student.
- Student must submit a new advisor-approved course list if any changes occur in enrollment. Student must follow course list exactly based on each semester.
- Students may only enroll in courses required for major completion. No enrollment allowed for completion of minor.
If student does not follow approved course list, or provide an updated list, the student will automatically be disqualified for Financial Aid.

Student Name: _____ EMPLID _____

Major(s): _____

Total Credits Remaining: _____

Anticipated Graduation Date: _____

Academic Advisor Name: _____

Courses Remaining for Completion of Major

Semester/Year: _____

Course Number	Course Title	Credits	Notes

Semester/Year: _____

Course Number	Course Title	Credits	Notes

Semester/Year: _____

Course Number	Course Title	Credits	Notes

Semester/Year: _____

Course Number	Course Title	Credits	Notes

Semester/Year: _____

Course Number	Course Title	Credits	Notes

Semester/Year: _____

Course Number	Course Title	Credits	Notes

Semester/Year: _____

Course Number	Course Title	Credits	Notes

Student & Academic Advisor Agreement

I, _____ agree to and understand that I must abide by the Academic Plan set by my Academic Advisor. I also understand that if I do not abide by this course list and the assigned Plan of Study determined by the Office of Student Finance, I will lose eligibility for financial aid. **I will provide an updated approved course list if my enrollment changes from what is indicated above.**

Student Signature: _____ Date: _____

- I have spoken with the student regards to the structured course list above and the student understands their requirements for each semester of enrollment.
 - I agree I am compliant with federal regulations and have only indicated the courses remaining for student to complete their major.
- Academic Advisor Signature: _____ Date: _____

