



Financial Aid Plan of Study

Return this form to: Office of Student Financial Aid,
Athens State University, 300 N. Beaty Street, Athens, AL 35611
Email: finaid@athens.edu Fax: 256-233-8178

Student Name: _____ ID Number: _____

Expected Semester and Year of graduation based on plan below: _____

Total Minimum hours needed to graduate: _____

Semester and Year: _____

CRN	Subject Code & Course Number	Credit Hours

Semester and Year: _____

CRN	Subject Code & Course Number	Credit Hours

Semester and Year: _____

CRN	Subject Code & Course Number	Credit Hours

Semester and Year: _____

CRN	Subject Code & Course Number	Credit Hours

If applicable, please attach additional semester information, curriculum adjustment approvals, and/or outside credit notifications (CLEP, SOPHIA, Advance Placement (AP), DSST, etc.)

By signing below, I certify I have consulted with my Advisor to formulate an accurate plan that leads toward graduation in the most efficient way possible. I understand that academic plans are subject to change based on course availability. I understand there is no guarantee the courses above will be available during the suggested semester(s).

Student Signature

Date