ARKANSAS STATE UNIVERSITY

Financial Aid Office Use ONLY
___ Appeal ___ Prerequisites*

Office of Financial Aid & Scholarships
Degree Completion Plan

*Prequisites must include a Preparatory Coursework Form

This form is to be completed by the student's academic advisor or authorized representative within the academic department. Its purpose is to assist in clarifying the student's degree completion date, which is used to determine appropriate financial assistance.

▶ Step 1 - Student Information

Student name (Last name, First name)	
A-State ID number	Cell phone number

▶ Step 2 - Degree Information

Degree being sought	Advisor's name
Total hours required to complete degree	Academic department
Hours **only** remaining to complete degree	Expected graduation date (semester/year)
Has the student been admitted into this degree program? ❑ Yes ❑ No	

▶ Step 3 - Signatures

X _____ _____

Advisor Signature **Date**

X _____ _____

Student Signature **Date**

Please complete and return to: A-State Office of Financial Aid & Scholarships
Mail: **P.O. Box 1620 State University, AR 72467** Fax: **870-972-2794** Email: **finaid@astate.edu**