LaGuardia Community College DARE TO DO MORE

Student Financial Services

Last, First Name:_____ **EMPLID#:** _____

STUDENT'S ACADEMIC PLAN

This section to be completed by the Academic Advisor Only.

Academic Plan Session I: Please Select

Course Number	Credits	Minimum Grade Required

Academic Plan Session II: Please Select

Course Number	Credits	Minimum Grade Required

Projected Cumulative GPA:_____ Projected Semester Credits **Earned**: _____

STUDENT CERTIFICATION

By signing below, I agree to the terms and conditions of this academic plan. I understand that my academic progress will be reviewed again at the end of this semester. If I fail to comply with the terms and conditions of my academic plan, my financial aid will be suspended for the following semester.

Student Signature **Print Name** **Date**

ACADEMIC ADVISOR CERTIFICATION

I have reviewed and approved the student academic plan. If followed, the student will be able to regain financial aid eligibility and achieve academic success at LaGuardia Community College.

Advisor Signature **Print Name** **Date**