





2. Quarter and year you expect to complete your program at Shoreline: \_\_\_\_\_

3. Complete the Academic Plan below with your academic advisor. Your Academic Plan must be reviewed and approved by your advisor.

To appeal for continued aid eligibility, list below only the classes **required** to complete your current program of study. You need your academic advisor’s name and signature. Be sure to complete all items below.

1. Name of your program at Shoreline (do not leave blank): \_\_\_\_\_
2. Number of remaining credits **required** to complete your program per Advisor: \_\_\_\_\_
3. Quarter and year you expect to complete program at Shoreline: \_\_\_\_\_
4. List below all the courses **required** to complete your program at Shoreline as approved by Advisor:

Summer 202__	Name and Course Number	# of credits
/		
/		
/		
/		
<b>Total Credits:</b>		

Fall 202__	Name and Course Number	# of credits
/		
/		
/		
/		
<b>Total Credits:</b>		

Winter 202__	Name and Course Number	# of credits
/		
/		
/		
/		
<b>Total Credits:</b>		

Spring 202__	Name and Course Number	# of credits
/		
/		
/		
/		
<b>Total Credits:</b>		

Student Signature: <i>(Ink Signature ONLY)</i>	Date:
Academic Advisor’s Name and Signature:	Date:

**Financial Aid Services | 16101 Greenwood Avenue North, Shoreline WA 98133 | Email: [financialaid@shoreline.edu](mailto:financialaid@shoreline.edu) | Fax: (206) 533-6609**

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