

Financial Aid: Academic Plan

Student's Name (printed): _____ Student ID #: _____

Please submit the items listed below before your financial aid eligibility can be determined. This form is not for SAP appeals.

1. Submit a typewritten, thorough explanation of your academic and career goals to the [Financial Aid Office](#), and explain how your current major relates to those goals. If you have attended another college and failed or withdrew from any classes, indicate what contributed to this and how/why it affected those classes.
2. Submit a [Transfer Credit Evaluation Request 125-049 e-form](#) for each college you previously attended and submit official, unopened transcripts from each college to NOVA's [College Records Office](#). Visit <http://www.nvcc.edu/cro/transferecredit.html> for more information about transfer credit.
3. Review your [Advisement Report](#) on your myNOVA Student Center and use the chart below to construct a plan toward completion of your program at NOVA. List the courses you plan to take during the next four semesters or until program completion, whichever occurs first. Enter your current term at the top of the chart, if now attending. Have a [Faculty/Academic Advisor or Counselor](#) approve your plan and submit this form with your aforementioned statement to the [Financial Aid Office](#). Register only for courses according to this plan that are applicable to your program of study.

	Course ID	Course Name	# of Credits
_____ Semester			

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_____ Semester			

	Course ID	Course Name	# of Credits
_____ Semester			

	Course ID	Course Name	# of Credits
_____ Semester			

To be completed by the Student: *I certify the information on this Academic Plan, my typed statement, and any supporting documentation is accurate, true, and complete to the best of my knowledge. I will provide additional supporting information as requested by NOVA Financial Aid. I understand false information may be cause for denial, reduction, and/or repayment of student financial assistance and may subject me to fine and/or imprisonment under provisions of the U.S. Criminal Code. I understand that I am ultimately responsible for program completion, for ensuring that registered hours apply to my program of study, and that all required program courses and credits are completed.*

Student's Signature: _____

Date: _____

To be completed by a Faculty/Academic Advisor or Counselor: *I confirm that the above academic plan is, to the best of my knowledge, a realistic expectation for this student. Courses listed apply to the student's program of study.*

Academic Program: _____

Including above, number of remaining credits needed for program completion:

Estimated date of completion: _____

Faculty/Academic Advisor or Counselor Name (printed): _____

Faculty/Academic Advisor or Counselor Signature: _____ **Date:** _____