



FINANCIAL AID OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2055 | 1-800-264-1094 | Fax: (501) 977-2123 | www.uaccm.edu

DEGREE COMPLETION PLAN

This form is required for students filing Financial Aid Appeals. Student's division chair will need to complete this form indicating the expected semester in which the student will be taking the required courses to complete the program of study. Once completed, the student will need to return this form to the Financial Aid Office. It is also the student's responsibility to notify the Financial Aid office of any changes from this plan.

Name: _____ **Student ID No.:** _____
(Last Name) (First Name)

Program of Study: _____

Expected Date of Graduation: _____
(Month) (Year)

Semester: _____ **Semester:** _____

Courses: _____ **Courses:** _____

Semester: _____ **Semester:** _____

Courses: _____ **Courses:** _____

Semester: _____ **Semester:** _____

Courses: _____ **Courses:** _____

Signature: _____ **Date:** _____
(Student)

Signature: _____ **Date:** _____
(Division Chair)