



Financial Aid Office
 Phone: (801) 524-8111
 Email: finaid@ldsbc.edu

MAXIMUM TIME FRAME ACADEMIC PLAN*

** Must be completed with an academic adviser*

Name _____ Student ID # _____

Section 1: To be completed by Student's Academic Advisor

1. What program(s) is this student completing? _____
 What semester and year will the above student graduate with a degree in this program(s)? _____
2. Is this student in good academic standing to graduate with a degree in this program(S)? Yes No
3. *If no, please explain:*

Please indicate below what courses the student needs to graduate, **including classes in which the student is currently enrolled.**

Semester		
Course Code	Course Title	# of credits

Semester		
Course Code	Course Title	# of credits

Semester		
Course Code	Course Title	# of credits

Semester		
Course Code	Course Title	# of credits

*Feel free to attach an additional page if more semesters are needed

Academic Advisor Signature: _____ Date: _____

Printed Name : _____

Section 2: To be completed by the Student

I am aware of the following:

1. In the event that I receive an "I" grade, I must complete the course and the grade must show on the LDSBC transcript before a progress report can be approved and any further financial aid can be awarded and/or disbursed to me.
2. **I am only allowed to take courses listed on this Academic Plan form which has been completed by my academic advisor. If additional courses are taken, I will lose federal financial aid eligibility at LDSBC.**

Student Signature: _____ Date: _____