



## 2021-2022 Satisfactory Academic Progress Degree Completion Plan

Student's Name: \_\_\_\_\_ ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Current Phone: \_\_\_\_\_

Degree you are pursuing at CFK: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Semester Appealing for Aid (check only one):  Fall 2021  Spring 2022  Summer 2022

Academic Advisor: \_\_\_\_\_

**As part of your appeal requirements, this form must be approved and signed by the academic advisor in your degree program. Outlined below are the steps you must follow to complete this plan:**

1. Complete the chart indicating the hours required to complete your degree requirements:

Semester Information	Number of Hours
Semester appealing for enrollment:	
Hours enrolled for upcoming semester:	
Hours remaining for degree completion:	
Semesters remaining to graduate:	
<b>Total number of hours required for program:</b>	

2. Review the course requirements for your degree program in DegreeWorks (accessible through online services)
3. Identify those courses that you need to take to fulfill your degree requirements
4. On the charts below, map out your remaining courses one semester at a time. Make sure the number of hours you plan for each semester is manageable. Please remember to review prerequisites to be sure that you are taking the courses in the correct sequence.

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

CRN	Title	Credit Hours
<b>Total Semester Hours:</b>		

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

CRN	Title	Credit Hours
<b>Total Semester Hours:</b>		

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

CRN	Title	Credit Hours
<b>Total Semester Hours:</b>		

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

CRN	Title	Credit Hours
<b>Total Semester Hours:</b>		

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

CRN	Title	Credit Hours
<b>Total Semester Hours:</b>		

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

CRN	Title	Credit Hours
<b>Total Semester Hours:</b>		

As the academic advisor of this student, the information reflected is an estimated plan of this student's degree-completion requirements.

Academic Advisor Comments:

\_\_\_\_\_  
Academic Advisor's Signature

\_\_\_\_\_  
Date

As the student, I have met with my academic advisor concerning the above information and certify that I understand the requirements listed above.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date