



OFFICE OF FINANCIAL AID
2020-2021 UNUSUAL ENROLLMENT HISTORY

2020-2021 Academic Plan

Student Name: _____ NSHE ID: _____

Please retain a copy of this Academic Plan. Should your UEH petition be approved, you will be required to follow this plan and demonstrate successful completion of earned credits. Failure to comply and demonstrate academic progress will result in termination of future Federal Student Aid.

Current Major with the Office of the Registrar:

TERM: Fall _____	TERM: Spring _____	TERM: Summer _____
Course: <input style="width: 100%;" type="text"/>	Course: <input style="width: 100%;" type="text"/>	Course: <input style="width: 100%;" type="text"/>
Credits: <input style="width: 100%;" type="text"/>	Credits: <input style="width: 100%;" type="text"/>	Credits: <input style="width: 100%;" type="text"/>
Course: <input style="width: 100%;" type="text"/>	Course: <input style="width: 100%;" type="text"/>	Course: <input style="width: 100%;" type="text"/>
Credits: <input style="width: 100%;" type="text"/>	Credits: <input style="width: 100%;" type="text"/>	Credits: <input style="width: 100%;" type="text"/>
Course: <input style="width: 100%;" type="text"/>	Course: <input style="width: 100%;" type="text"/>	Course: <input style="width: 100%;" type="text"/>
Credits: <input style="width: 100%;" type="text"/>	Credits: <input style="width: 100%;" type="text"/>	Credits: <input style="width: 100%;" type="text"/>
Course: <input style="width: 100%;" type="text"/>	Course: <input style="width: 100%;" type="text"/>	Course: <input style="width: 100%;" type="text"/>
Credits: <input style="width: 100%;" type="text"/>	Credits: <input style="width: 100%;" type="text"/>	Credits: <input style="width: 100%;" type="text"/>

I understand I must follow this academic plan and successfully earn credits at CSN.

Student Signature

Advisor/Counselor

Date

Date