OFFICE OF STUDENT FINANCIAL SERVICES

2022-2023 SAP Academic Plan for Too Many Hours

Student Name:_____   **University ID#:**_____

Indicate the timeframe: **Fall/Spring** ☐   **Summer** ☐

Advisor Information for students with Too Many Hours toward degree

Current Major/Degree:_____   Expected Graduation Date:_____

How many **total** credit hours are required for the current degree/certificate?_____

How many **remaining** credit hours does the student need to complete the current program of study?_____

Student: ☐has changed major   ☐has transfer hours   ☐is seeking a 2nd degree
If you marked any of these three items, how many transcript hours do not apply to the current major/degree?   _____

Please list the courses (Subject/Catalog#/Credit Hours) in which the student plans to enroll each term/year through degree completion. Attach additional sheets if necessary. **In lieu of listing courses you may provide a degree map.**

Summer____:	**Fall____:**	**Spring____:**

Summer____:	**Fall____:**	**Spring____:**

Summer____:	**Fall____:**	**Spring____:**

Advisor Name (Print):_____   Department:_____

Email:_____   Phone:_____

Advisor's Signature:_____   Date:_____

Please print and sign