

Financial Aid Academic Career Plan

You must bring this document to the meeting with your program counselor and be prepared to discuss these topics. The goals of the meeting with your counselor include:

- Evaluating your current class schedule and making changes as needed
- Identifying obstacles from the previous semester that impacted your academic success
- Identifying resources that could assist you in meeting your goals
- Building a strong relationship between you and your program counselor

Student Name:	Student ID:
Program Counselor Name:	Program:
Credits needed to graduate:	Anticipated graduation date:
Prior degree(s) completed:	

Part I: Plan of Action

Think about a plan of action for getting the semester off to a strong start. Include the following: staying on campus to study, regular meetings with your program counselor and instructors, tutoring, attending the Academic Success Center; reading the weekly Student Success Tip e-mails and working with your program counselor to implement them; and attending Student Success Workshops. Discuss this plan with your program counselor who can offer additional ideas.

	GOAL	ACTION PLAN (i.e. Dates of attendance or follow-up meetings, etc.)	AVAILABLE RESOURCES (i.e. Tutoring, Instructor Office Hours, ASC, etc.)
1.			
2.			
3.			
4.			

Keep a copy of this assessment for future program counselor meetings.

Part II: Outline of courses needed to complete program graduation requirements

Semester: _____	Semester: _____
Semester: _____	Semester: _____
Semester: _____	Semester: _____

Counselor notes

Financial Aid Academic Career Plan Contract

I, _____, am committed to increasing my academic performance. I understand the ramifications associated with poor performance. I will check in with my program counselor as needed throughout the semester to update him/her on my progress. Our next scheduled appointment is on _____.

I will commit to asking for help if I need it. It is my goal to be the best student that I can be. By signing this form, I recognize that I have stated my intentions and plan on acting in a positive way to accomplish my stated academic goals.

I understand I am required to complete the following during the duration of this academic plan to continue to be eligible for federal financial aid:

- Only take courses outlined in this plan or consult with my program counselor if adjustments need to be made.
- Changes in program or course work considerations MUST have prior approval of program counselor and financial aid supervisor.
- Consult with your counselor before withdrawing from any courses as this will jeopardize your financial aid.
- Pass all courses each semester of plan outline.
- Meet class attendance policies.

Student

Signature: _____ Date: _____

Counselor

Signature: _____ Date: _____

Please complete this form with your program counselor and submit for approval to:

Financial Aid, MSTC, 500 32nd Street North, Wisconsin Rapids, WI 54494

Further financial aid cannot be authorized until plan is approved by the Financial Aid Supervisor with a Petition/Appeal for Reinstatement Form at www.mstc.edu/finaid/forms.htm