**SUNY Orange**

**Office of Financial Aid**

***Plan of Study***

Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ID#**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Degree: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Expected Graduation Date **\_\_\_\_\_\_\_\_\_\_**

**Academic Advisor**: In order for this student’s appeal to be finalized through the Financial Aid Office a **Plan of Study** must be completed. Advisors may write any comments in the space provided below. Please complete this form while advising the student. The student will submit this form with his/her appeal.

 **Fall 20 \_\_\_\_** **Spring 20 \_\_\_\_**

Course # Course Name Credits Course # Course Name Credits

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 **Summer 20 \_\_\_\_**

 Course # Course Name Credits

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 Advisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Student’s Signature Advisor’s Signature