



Office of Financial Aid Services

183 Strand Union
P.O. Box 174160
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www.montana.edu/wwwfa

Tel (406) 994-2845
Fax (406) 994-6962

PLAN OF STUDY FORM
Satisfactory Academic Progress Appeal

Name _____ MSU ID _____

Street Address _____ City _____ State _____ Zip _____

Email Address _____

Please list, by enrollment period, all remaining courses **required** for the completion of your current degree program. Include the complete course number (e.g. MATH 105) and applicable credit value.

Term _____	
Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total credits: _____	

Term _____	
Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total credits: _____	

Term _____	
Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total credits: _____	

Term _____	
Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total credits: _____	

Term _____	
Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total credits: _____	

Term _____	
Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total credits: _____	

PLEASE COMPLETE BOTH PAGES OF THIS FORM

Term _____	
Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total credits: _____	

Term _____	
Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total credits: _____	

Term _____	
Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total credits: _____	

Expected Date of Graduation: _____

STUDENT CERTIFICATION:

I certify that the courses specified are **required** for the completion of my current degree.

 Student Signature Date

DEPARTMENT/COLLEGE CERTIFICATION:

I certify that the courses specified are **required** for the completion of this student's current degree.

 Certifying Officer's Signature Date

 Certifying Officer's Printed Name

The Certifying Officer MUST sign this form for the student's Department or College.