



PLAN OF STUDY FORM Satisfactory Academic Progress Appeal

Name (Please print)	MSU ID		
Mailing Address	City	State	Zip
E-mail Address	Telephone		

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 121Q) 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: _____

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. Plan of Study appeals not signed will be returned to the student as incomplete.