



Office of Financial Aid Services

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PLAN OF STUDY FORM

Satisfactory Academic Progress Appeal

Name (please print)

MSU ID

Number of Terms remaining: _____
(assume full-time attendance or note below)

____ First Major ____ Second Major ____ Second BA Degree ____ Double Major

____ Masters ____ Doctoral ____ Other – please explain below

Expected Date of Graduation: _____

The Advisor from the student's Department or College MUST sign this form below.

Advisor comments:

DEPARTMENT/COLLEGE CERTIFICATION:

Advisor/Department Administrator Signature

Date

Advisor/Department Administrator Printed Name

Phone Number