



# Financial Aid Academic Plan for Maximum Time Frame Appeal

*Must be verified for accuracy by an Academic Advisor on 9<sup>th</sup> floor*

**BUSINESS COLLEGE**

**Financial Aid Office**  
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Name \_\_\_\_\_ Student ID # \_\_\_\_\_

## Section 1:

1. What program(s) are you completing? \_\_\_\_\_
2. What semester and year will you graduate with a degree in this program(s)? \_\_\_\_\_
3. Are you in good academic standing to graduate with a degree in this program(s)?    Yes    No

*If no, please explain:*

Please indicate below what courses the student needs to graduate, **including classes in which the student is currently enrolled.**

Semester		
Course Code	Course Title	# of credits

Semester		
Course Code	Course Title	# of credits

Semester		
Course Code	Course Title	# of credits

Semester		
Course Code	Course Title	# of credits

\*Feel free to attach an additional page if more semesters are needed

I have met with the above student and have verified these are their remaining courses for completion of their above listed degree(s).

Advisor's Name (Please print) \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2: To be completed by the Student

I am aware of the following:

1. In the event that I receive an "I" grade, I must complete the course and the grade must show on the LDSBC transcript before a progress report can be approved and any further financial aid can be awarded and/or disbursed to me.
2. I am only allowed to take courses listed on this Academic Plan form which has been completed by my academic advisor. If additional courses are taken, I will lose federal financial aid eligibility at LDSBC.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_