

Graduation Assessment Plan

Office of Student Financial Assistance

Millican Hall, Room 107 Orlando, FL 32816-0113 Phone: (407) 823-2827 Fax:(407) 823-5241



Federal regulations require that if you have completed all of the required courses to obtain a degree, you are no longer eligible Title IV aid. In addition, you must meet all eligibility requirements for each program.

Instructions (Student): To be given consideration for continuation of financial aid, you must meet with your academic advisor to evaluate your academic status.

Last Name _____ First Name _____ UCF ID _____

Please select your reason for completing the Graduation Assessment Plan (indicate one below)

Revised Graduation Assessment Plan: Please state the reason for submitting a revise. Courses required for degree completion should be listed on plan. Financial Aid will not be able to pay for courses that are only to raise a GPA or are preparation for an advanced degree: _____

Knights Success Grant: The Knights Success Grant is part of an initiative at the university focused on graduating seniors to assist them in finishing their degrees if a hardship arises. There are certain criteria that a student must meet in order to be considered for **possible eligibility**. Please note that the grant is not guaranteed to all students who are referred or inquire about the grant.

Other: _____

Instructions (Academic Advisor): The student is requesting an action that requires us to confirm the remaining coursework for graduation. We are requesting your assistance in assessing the academic coursework completed towards the student's degree and the remaining requirements. Please provide the following information:

- (1) Student's Primary Degree Program: _____
- (2) What are the minimum required hours to obtain the degree? _____
- (3) Has the student completed all required courses for a bachelor's/master's degree? ____ Yes ____ No
- (4) If there are classes still needed that are associated with a minor or certificate, is the minor or certificate required for the degree? ____ Yes ____ No ____ Student has not declared a minor/certificate
- (5) If the Intent to Graduate was denied, please list the reason/s: _____
- (6) If the remaining requirements are due to Master's Thesis or Doctoral Dissertation hours, please provide an estimation of how many thesis or dissertation hours you anticipate the student will need to complete their degree requirements.
Thesis _____ Doctoral Dissertation _____
- (7) Has the student had a major change? ____ Yes ____ No
- (8) Was the student admitted to UCF as a transfer? If yes, how many of the transfer hours were applied to the degree that the student is working towards? _____ Student was not admitted to UCF as a transfer student.
- (9) Is the student seeking a double major? _____ If yes, please list courses on a separate page or column on the plan portion.
- (10) What courses are still required for student to meet graduation requirements? Please list by term (including this term) on the next page. Please include #hours for each course. This includes current term.
Expected Date of Graduation: _____
- (11) Comments: _____

OFFICE USE ONLY

Approved: Denied: Pending: Comments: _____
Degree Audit Reviewed: _____
Processed by: _____ Date: _____

Graduation Assessment (Part 2)

Please note: If the student has electives remaining and they cannot be specifically named, please attach a list of elective courses the student can choose from and how many hours of electives are needed to graduate. Please list courses required for student to complete degree requirements. Minor or Certificate must be required for the course work to be listed as required. If the course is for a minor or certificate that is not required for degree completion, please list N for required. If the student is pursuing a dual degree or double major please ensure that the courses are separated by degree either on a separate page or column.

Start with current term.

Prefix Course #	Hours	Required?	Term	Prefix Course #	Hours	Required?	Term
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	

I, _____ attest that all information provided is true and complete, and I agree to and understand that I must abide by the Academic Plan (Part 1 & Part 2) set up by my academic advisor. I also understand that if I do not abide by the plan, I will lose eligibility for financial aid.

I understand all information provided is determined by my advisor. If my appeal is approved, failure to follow the academic plan listed below will result in cancellation of aid. Reviews will be done each semester once Drop, Swap and Add is over.

Student's Signature: _____ UCF ID: _____ Date: _____

I certify that the information is correct and that I have spoken with the student in regards to their Academic Plan.

Academic Advisor's Name (print)

Advisor's Title

Date

Advisor's Signature

Department

Phone Ext.