



**SATISFACTORY ACADEMIC PROGRESS
PLAN OF STUDY FOR DEGREE COMPLETION**

Student Name: _____ SSN: _____ R# _____

Address: _____
No. Street City State Zip Code

University E-mail Address: _____@unr.nevada.edu Local Phone: (_____) _____ - _____

Current Degree Objective: First Bachelor's Second Bachelor's
 First Master's Second Master's Doctorate

Major: _____ Anticipated Graduation Date: _____

Why are the additional credits required? (Note: for graduate students thesis and dissertation credits are considered for aid only up to the number required for the degree).

Please attach a "Plan of Study" from you academic advisor on department letterhead, listing semester by semester enrollment for only the courses required to complete your degree objective with graduation date.

I understand an incomplete request will not be processed.

Student Signature _____ Date _____

The attached Plan of Study and graduation date posted are true and correct.

Academic Advisor Signature _____ Advisor's Printed Name _____ College/Department _____

Campus Address _____ Campus Extension _____ Date _____