

Academic Plan Worksheet

Student Name: _____ Major/College _____ LIN: _____

This degree requires a minimum of _____ credits.

It is the student's responsibility to know and complete all degree requirements. All academic plans and course

Second Year	Fall 20____	
	Course	Credits
	Total:	

Spring 20____	
Course	Credit
Total:	

Summer 20____	
Course	Credit
Total:	

Third Year	Fall 20____	
	Course	Credits
	Total:	

Spring 20____	
Course	Credit
Total:	

Summer 20____	
Course	Credit
Total:	

Fourth Year	Fall 20____	
	Course	Credits
	Total:	

Spring 20____	
Course	Credit
Total:	

Summer 20____	
Course	Credit
Total:	

Add' t Semester(s)	Fall 20____	
	Course	Credits
	Total:	

Spring 20____	
Course	Credit
Total:	

Summer 20____	
Course	Credit
Total:	

offerings are subject to change. Students should consult with their academic advisor prior to making revisions to the academic plan to ensure that all necessary curricular requirements are being met and to prevent delays in academic progression. Final graduation clearance is completed by the Registrar's Office

I certify that I reviewed the above academic plan. Petitions for additional aid will not be granted to students who choose to enhance their bachelor's degree with additional credentials (i.e. second major/minors) and are unable to do so during the 8 consecutive semesters. If the academic plan includes semesters above four years, I certify that those semesters are required in order for the student to obtain a first bachelor's degree.

Academic Advisor (printed name): _____ Academic Advisor Signature _____

Student Signature: _____ Date: _____

Please submit to Lehigh University's Office of Financial Aid via the
go.lehigh.edu/finaiddoccenter, by mail, or by fax (610)758-6211.
 You may also contact our office at (610)758-3181 or financialaid@lehigh.edu