



BAPTIST HEALTH SCIENCES UNIVERSITY

Student Financial Aid Office
1003 Monroe Avenue
Memphis, TN 38104
Fax: (901) 572-2461
E: financial.aid@baptistu.edu

GRADUATION PLAN

INSTRUCTIONS:

List below the courses and credits you still need to graduate in order by trimester and year. Your advisor **MUST** sign this form before returning it to the Student Financial Aid Office. If you will need more than **three** trimesters to graduate, please use two copies of this form.

NOTE: This form is **REQUIRED** in conjunction with a Satisfactory Academic Progress Appeal when you have reached the maximum number of attempted hours (183).

A. STUDENT INFORMATION

Student Name: _____ Student ID#: _____

Email: _____ Phone: _____

B. TRIMESTER SCHEDULE

Trimester/Year: _____

Trimester/Year: _____

Course# - Course Name	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Course# - Course Name	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Trimester/Year: _____

Total Credits Completed _____

Course# - Course Name	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Credits Currently Enrolled _____

Subtotal _____

Credits Remaining _____

Total Credits to Graduate _____

Anticipated Graduation Trimester/Year _____

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

