



Center for Student Financial Aid

California State University, Los Angeles

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2010-2011
ACAD_PLAN - 03/10

For office used only:

2010-2011 Academic Plan

Name: _____
Last First

_____ Campus Identification Number

Expected Graduation Term: _____

_____ Phone number

Current Major: _____

Grade Level: Undergraduate Graduate/Masters Teaching Credential Post-Bacc/2nd Bachelor's

Students whose aid has been suspended due to **GPA deficiency or Excessive Units**, should submit this form to accompany their Financial Aid Appeal.

SUMMER 2010

Courses	Units

FALL 2010

Courses	Units

WINTER 2011

Courses	Units

SPRING 2011

Courses	Units

Student Signature: _____

Date: _____

This form should be completed, signed and dated by Academic Advisor not by the student.

Name of Academic Advisor: _____

Date: _____

Advisor Signature: _____

Department Stamp or Seal