

# Degree Completion Scholarship Application (Cont.)

## - Graduation Plan -

**Student Financial Services**  
327 Millennium Student Center  
One University Blvd.  
St. Louis, MO 63121  
Phone (314)-516-5526

Name: \_\_\_\_\_  
First Middle Last

UMSL ID#: \_\_\_\_\_

UMSL Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current Degree Major:	
Expected Graduation Term (please mark): Summer 20____ Fall 20____ Spring 20____	

<b>Total Hours Attempted at UMSL</b> _____ Hours	<b>Additional Hours Needed for Degree</b> _____ Hours
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	<b>Courses Remaining for Degree Completion</b> <i>(Example: HIST 0101)</i>	<b>Credit Hours</b>	<b>*Semester Course will be Taken</b> <i>(example: Fall 2021)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

***\*Confirm with your academic advisor that you are within 30 credit hours AND within two terms of graduating. In Addition, ensure that the courses listed above are offered in the semesters indicated***

UMSL Academic Advisor Name \_\_\_\_\_ UMSL Academic Advisor Signature \_\_\_\_\_ 516 - \_\_\_\_\_  
Phone \_\_\_\_\_  
(By signing above you are acknowledging that the information on the Graduation Plan is accurate to the best of your knowledge)

PRINT STUDENT NAME IN LIEU OF SIGNATURE

Date

***Please Submit this Degree Completion Graduation Plan along with your Degree Completion Scholarship Application and Essay to the Student Financial Services Office using Secure Document/File upload feature in your MyView student center!***

