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
For Print Only

Name: _____
First Middle Last

UMSL ID#: _____

UMSL Email: _____

Phone: (_____) _____ - _____

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

Total Hours Attempted at UMSL	**Additional Hours Needed for Degree**
_____ Hours	_____ Hours

	Courses Remaining for Degree Completion *(Example: HIST 0101)*	**Credit Hours**	***Semester Course will be Taken (***example: Fall 2021**)**
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

_____ 516 - _____
UMSL Academic Advisor Name UMSL Academic Advisor Signature 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!