



**LOUISIANA TECH UNIVERSITY  
Office of Financial Aid**

**Academic Degree Completion Plan**

Please return this completed form to:  
Louisiana Tech University  
Office of Financial Aid  
PO Box 7925 Ruston, LA 71272  
[techaid@latech.edu](mailto:techaid@latech.edu)

STUDENT'S Last Name

First Name

MI

STUDENT'S CWID or SSN

**Term:**

Course #	Course Title	Credit Hours

**Total Credit Hours:**

**Term:**

Course #	Course Title	Credit Hours

**Total Credit Hours:**

**Term:**

Course #	Course Title	Credit Hours

**Total Credit Hours:**

**Term:**

Course #	Course Title	Credit Hours

**Total Credit Hours:**

**Anticipated Graduation Date:**

**Academic Advisor Signature:**

**Date:**

**Academic Advisor Email:**

**Phone #:**

**I hereby certify that I will complete the course plan above for my degree as outlined. I understand that any deviation from this completion plan, change of major, failure to meet cumulative GPA, or PACE requirements will result in immediate termination of my federal financial aid.**

**Student Signature:**

**Date:**

## Instructions for Academic Advisors / Instructors

- Degree Completion Plans MUST be completed on the provided Academic Degree Completion Plan form.
- Provide an accurate degree completion plan for the student to follow quarter by quarter in order to graduate in a timely manner. Only include courses for primary degree. Do not include second degree or certification courses.
- For each quarter, provide the following information:
  - Term
  - Course #
  - Course Title
  - Number of Credit Hours per course
  - Total hours per quarter

EXAMPLE:

<b>Term:</b>	<b>Spring 2022</b>		
Course #	Course Title	Credit Hours	
MATH-101	College Algebra	3	
CHEM-100	General Chemistry	3	
ENGL-101	Freshman Composition I	3	
GEOG-203	Physical Geography	3	
<b>Total Credit Hours:</b>			<b>12</b>

- Advisors must review the anticipated graduation plan in light of course availability and prerequisites and complete the following information:
  - Anticipated Graduation Date
  - Academic Advisor Signature and Date
  - Advisor Email and Phone number
- If the student cannot complete their degree with four quarters, you may print an additional copy of page 1 of this document and submit both degree completion plans together.
  - Advisor must provide their signature and date on both degree completion plans in this situation.
- Students will sign once the form is completed by the advisor. Student's signature indicate that the student has a full understanding that they must complete the outlined degree plan. Any deviation from the plan outlined by the advisor will result in the termination of the student's federal financial aid.