

Student Name, SUID Number, and Email \_\_\_\_\_

Check which quarters you are applying for aid:  Autumn  Winter  Spring  Summer

In which academic year(s) will you need to enroll? \_\_\_\_\_

What will be your final quarter of enrollment? \_\_\_\_\_

**To apply for scholarship consideration beyond twelve quarters of enrollment, including enrollment at other institutions, students must submit an academic plan to the Financial Aid Office in addition to all standard financial aid [application requirements](#).**

- Students may be considered for scholarship funds beyond 12 quarters only if enrollment is essential to complete the **minimum requirements** for the first bachelor’s degree and major.
- Students who are in pursuit of an honors program, a coterminal program, minor, second major, second degree, B.A.S. degree, or retaking classes for which a grade has already been received are not eligible for University scholarship consideration, but may apply for loans, job eligibility, or federal grants.

**1) Provide your missing major requirements**, in conjunction with your academic department. Please schedule a time to meet with your department to complete this form together.

Major component	Minimum # of Units Needed to Satisfy	Quarter(s)/Year Will Be Completed

**Department:** If there is any context that would be helpful for the Financial Aid Office to know, please email a statement to [financialaid@stanford.edu](mailto:financialaid@stanford.edu).

**Department Certification:** *I certify that all of the above courses are required for the student to complete their major requirements as determined by the academic department and that I have discussed with the student that this reflects the most efficient manner to graduate while maintaining academic success.*

Yes  No  If no, please provide an explanation to the Financial Aid Office.

Faculty/Staff Signature \_\_\_\_\_

Email \_\_\_\_\_

Printed Name/Date \_\_\_\_\_

Telephone \_\_\_\_\_

**2) Provide your missing general education requirements (Ways, language, writing, etc.)** in conjunction with your academic advisor. Please make an appointment (<https://advising.stanford.edu/appointments>) with your advisor to complete this form together.

GER category	Minimum # of Units Needed to Satisfy	Quarter(s)/Year Will Be Completed

**Academic Advisor:** If there is context or information that would help the Financial Aid Office understand the remaining requirements, please email a statement to [financialaid@stanford.edu](mailto:financialaid@stanford.edu).

**Academic Advising Certification:** *I certify that all of the above are required for the student to meet the university's general education requirements and this reflects the most efficient manner to graduate while maintaining academic success.*

Yes  No  If no, please provide an explanation to the Financial Aid Office.

*I certify that I have reviewed the student's academic record, and they are not pursuing an honors program, a coterminal program, minor, second major, second degree, B.A.S. degree, or retaking classes for which a grade has already been received.*

Yes  No  If no, please provide an explanation to the Financial Aid Office.

Will the student be able to enroll in fewer than 12 units in their final quarter and submit a Terminal Quarter Petition?

Yes  No  If yes, how many units will the student need to meet the requirements listed above: \_\_\_\_\_

UAD Signature and Date \_\_\_\_\_ Email \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_

**3) Student: On a separate sheet,** please provide an explanation for needing additional quarters of enrollment if not clear from your academic transcript. In addition, please provide a draft plan of courses to be taken each quarter you will need to be enrolled.

**4) Student Certification:** *I certify I have carefully reviewed my major requirements and general degree requirements, and that I have a plan for completing the requirements in the most expeditious manner.*

- I understand I must notify the Financial Aid Office if my enrollment plans change.*
- I understand that if I enroll in a coterminal program after completing this form, my scholarship eligibility will be eliminated.*

Student Signature and Date \_\_\_\_\_