

**Financial Aid Office**  
**Advising & Educational Agreement Plan**  
**(1DPLAN)**



Name: \_\_\_\_\_ Date: \_\_\_\_\_

ID#: \_\_\_\_\_ Black Hawk College Student Email: \_\_\_\_\_

Circle semester requesting reinstatement:    Fall    Spring    Summer    Year: \_\_\_\_\_

Assigned Academic Advisor: \_\_\_\_\_

**GENERAL INFORMATION – to be completed by the student**

What is your educational goal/course of study?	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many hours to you work per week?	<input type="checkbox"/> 10-20 <input type="checkbox"/> 20-25 <input type="checkbox"/> 25-30 <input type="checkbox"/> 30-35 <input type="checkbox"/> 35-40 <input type="checkbox"/> 40+
What types of bills do you pay?	<input type="checkbox"/> Rent/mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Groceries <input type="checkbox"/> Insurance <input type="checkbox"/> Child care <input type="checkbox"/> Credit cards <input type="checkbox"/> Auto loan(s)/maintenance <input type="checkbox"/> Public transportation
Are you responsible for the support/care of a parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you responsible for the support/care of a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what arrangements have been made for child care while in classes?	
If yes, what arrangements have been made for child care while studying?	
Is this your first visit to an academic advisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ACADEMIC PLAN – to be completed with your assigned academic advisor**

- Review the courses needed to reach the education goal stated above and develop an academic plan.
- Review what strategies are needed, if any, to obtain a 2.0 GPA.
- Discuss the reason courses have been dropped, failed, withdrawn or not attended; develop a plan to retake the class.
- Review the student’s schedule with respect to academic success. Discussion may include: transportation, work, childcare, student activities, class attendance, homework, and study habits. Complete the *Time Management Calculator* and discuss with assigned advisor ([www.bhc.edu/advising](http://www.bhc.edu/advising))

**List important strategies to help meet educational goals. Check (✓) which steps the student should take.**

- Recommended maximum credit hours \_\_\_\_\_       Referral to TRIO
- Testing assistance       Follow-up advising appointment ( \_\_\_\_/\_\_\_\_/\_\_\_\_)
- Tutoring       Personal counseling
- Other

## ACADEMIC PLANNING GUIDE

**To be completed by student and assigned academic advisor**

Courses below are required to complete the  degree or  certificate of \_\_\_\_\_.

<b>SEMESTER:</b>	<b>Prefix</b>	<b>Course Number</b>	<b>Title</b>	<b>Credit Hours</b>	
_____					
					<b>TOTAL SEMESTER HOURS:</b>
					_____

<b>SEMESTER:</b>	<b>Prefix</b>	<b>Course Number</b>	<b>Title</b>	<b>Credit Hours</b>	
_____					
					<b>TOTAL SEMESTER HOURS:</b>
					_____

<b>SEMESTER:</b>	<b>Prefix</b>	<b>Course Number</b>	<b>Title</b>	<b>Credit Hours</b>	
_____					
					<b>TOTAL SEMESTER HOURS:</b>
					_____

<b>SEMESTER:</b>	<b>Prefix</b>	<b>Course Number</b>	<b>Title</b>	<b>Credit Hours</b>	
_____					
					<b>TOTAL SEMESTER HOURS:</b>
					_____

*Add additional pages as needed.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Black Hawk College does not discriminate on the basis of race, color, national origin, sex, disability, or age.*