

Financial Aid Office Advising & Educational Agreement Plan



Name: _____ Date: _____
(PLEASE PRINT)

ID#: _____ email _____ @myemail.bhc.edu

Semester Requesting Reinstatement: _____

Complete Section A and take to an academic advisor/counselor for Section B

Section A: General Information

What is your educational goal/course of study? _____

Do you have a job? YES NO

If yes how many hours do you work? 10-20 20-25 25-30 30-35 35-40 40+

What types of bills are you required to pay? (check all apply)

- Rent/Mortgage Utilities Groceries Public transportation/gas & car maintenance Insurance
 Credit Cards Childcare Car Loans

Are you responsible for the support and /or care of a parent(s)? Yes No

Do you have children? Yes No

If yes, what arrangements have been made for childcare while in classes? _____

If yes what arrangements have been made for childcare while studying? _____

Is this your first visit to an academic advisor/counselor? Yes No

Section B Academic Plan *(To be completed with an academic advisor/counselor)*

- Review the courses needed to reach the education goal stated in Section A 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 Discuss the reason courses have been dropped, failed, withdrawn or not attended and develop a plan to retake the class.
 Review the student's schedule with respect to academic success. Discussion includes the following issues: transportation, work, childcare, student activities, class attendance, homework, and study habits. Make any suggestion appropriate to help the student balance time, money, and achieve academic success.

List the important strategies for this student to meet the educational goals. Check mark which steps the student needs to take.

- | | |
|---|---|
| <input type="checkbox"/> Recommend maximum _____ Credit Hours | <input type="checkbox"/> Referral to TRIO Office |
| <input type="checkbox"/> Testing Assistance | <input type="checkbox"/> Follow-up Advising appointment(s) DATE _____ |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Personal Counseling |
| <input type="checkbox"/> Other | |

To be completed by you and your advisor

List the Courses needed to complete your degree or certificate of _____

MAJOR from Banner

Associate's Degree Certificate Degree

Advisor's Name: _____ **Advisor's Signature:** _____

Semester _____	Prefix	Course Number	Title	Credit Hours	

Semester _____	Prefix	Course Number	Title	Credit Hours	

Semester _____	Prefix	Course Number	Title	Credit Hours	

Semester _____	Prefix	Course Number	Title	Credit Hours	

Add additional pages as needed