Office of Financial Aid and Education
21 Montana Hall, PO Box 174160 Bozeman, MT
59717-4160 Fax:(406) 994-6962
Email: finaid@montana.ede (406) 994-2845

SATISFACTORY ACADEMIC PROGRESS
PLAN OF STUDY

Name (please print) MSU ID

E-mail Telephone

Program/Enrollment Information

Estimated Terms Remaining (assuming full-time)	_____ terms
Current/Planned Program	☐ First Major ☐ Second Major ☐ Second Bachelor's Degree ☐ Double Major
Graduate Program	☐ Master's ☐ Doctoral ☐ Other: _____
Expected Graduation Date	_____

Advisor Verification

Department /College / Advisor Comments (section MUST be completed):

Advisor Name: _____
Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Revised 08/26