



# INDIANA UNIVERSITY FORT WAYNE OFFICE OF STUDENT FINANCIAL SERVICES

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## 2023-2024 SAP Academic Plan for Too Many Hours

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Student Name: \_\_\_\_\_

University ID#: \_\_\_\_\_

Indicate the timeframe:

Fall/Spring

Summer

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### Advisor Information for students with Too Many Hours toward degree

Current Major/Degree: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

How many **total** credit hours are required for the current degree/certificate? \_\_\_\_\_

How many **remaining** credit hours does the student need to complete the current program of study? \_\_\_\_\_

Student:  has changed major  has transfer hours  is seeking a 2<sup>nd</sup> degree

If you marked any of these three items, how many transcript hours do not apply to the current major/degree? \_\_\_\_\_

Please list the courses (Subject/Catalog#/Credit Hours) in which the student plans to enroll each term/year through degree completion. Attach additional sheets if necessary. **In lieu of listing courses you may provide a degree map.**

Summer ____:	Fall ____:	Spring ____:

Summer ____:	Fall ____:	Spring ____:

Summer ____:	Fall ____:	Spring ____:

Advisor Name (Print): \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

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

Please print and sign