

Degree Completion Scholarship Application (Cont.)

Student Financial Services
 327 Millennium Student Center
 One University Blvd.
 St. Louis, MO 63121
 Phone (314)-516-5526

- Graduation Plan -

Name: _____
First Middle Last

UMSL ID#: _____

UMSL Email: _____

Phone: (____) _____ - _____

Current Degree Major:	
Expected Graduation Term (please mark): Summer 20____ Fall 20____ Spring 20____	

Total Hours Attempted at UMSL	Additional Hours Needed for Degree
_____ Hours	_____ Hours

	Courses Remaining for Degree Completion <i>(Example: HIST 0101)</i>	Credit Hours	*Semester Course will be Taken <i>(example: Fall 2021)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

****Confirm with your academic advisor that you are within 30 credit hours AND within two terms of graduating. In Addition, ensure that the courses listed above are offered in the semesters indicated***

516 - _____

UMSL Academic Advisor Name _____ Signature _____ Phone _____
 (By signing above you are acknowledging that the information on the Graduation Plan is accurate to the best of your knowledge)

 PRINT NAME IN LIEU OF SIGNATURE Date _____

Please Submit this Degree Completion Graduation Plan along with your Degree Completion Scholarship Application and Essay to the Student Financial Services Office using Secure Document/File upload feature in your MyView student center!

