UNT DALLAS

Financial Aid & Scholarships

2026-2027 Academic Plan for Financial Aid and Scholarships

SECTION A: STUDENT

Name: UNTD Assigned ID: SSN (last 4 digits only):

SECTION B: INSTRUCTIONS

1. Complete this form with your Academic Advisor (Undergraduate Students), Associate Dean for Academic Affairs (Law School Students), or Program Coordinator (Graduate Students).
2. If suspended for Maximum Hours, submit an appeal form and a degree plan.
3. If this academic plan is a revision or update to an existing academic plan, you must provide a personal written statement explaining the reason you are changing your academic plan.
4. If you already have an academic plan and have been placed on suspension again, complete this worksheet, as well as an appeal worksheet again.
5. You **MUST** retain a copy of this Academic Plan for your records.

SECTION C: TERMS AND CONDITIONS OF ACADEMIC PLAN

Initial each statement below for confirmation of understanding terms & conditions for your academic plan.

_____ I will not withdraw/drop a class on this academic plan without consulting with my Academic Advisor and understand that my current academic plan must be revised if I withdrawal from classes.

_____ I will receive a grade of "C" or better in all classes. If my major requires a higher minimum grade, I must also maintain those grading standards. Incompletes are **NOT** allowed.

_____ I understand that I cannot change my major and that this academic plan is only valid for the major listed on page 2.

_____ I understand that I may only take the classes outlined exactly in my academic plan and that any classes taken outside of my academic plan could cause me to lose financial aid eligibility.

_____ I understand that I must submit a personal written statement to the Financial Aid Office if my academic plan needs to be revised that explains what has happened to make the change(s) necessary and how I will be able to meet academic progress based on these changes. I understand that revised academic plans may still adversely affect my continued eligibility for financial aid.

_____ I understand that failure to follow this academic plan may result in the cancellation of financial aid from the University of North Texas at Dallas.

_____ If I am in danger of not completing the requirements of this academic plan, I agree to contact my academic advisor and the Financial Aid Office to discuss my situation and options.

Return this completed form with any required documentation to:

Office of Student Financial Aid & Scholarships|University of North Texas at Dallas|7350 University Hills Blvd., Dallas, TX 75241 or fax to (972) 338-1799 or save and attach as PDF and email to sap@untdallas.edu

Revised on 07/23/2020 by LAD//Updated 08/05/21 by CMD/updated 11/16/21 by CMD/Updated 5/8/23 by CMD/updated 12/19/24 by CMD 12/12/2025 VLF

UNT DALLAS

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This is an: □ Initial Academic Plan □ Updated Existing Academic Plan

List any earned hours that are not needed for degree regardless of major changes at UNTD.
Major: _____ _____ Earned hours but not needed

Student's Major: _____ Expected Graduation Date: _____

List ONLY classes needed for student to complete major by semester in which student will complete the courses. Any classes needed outside major requirements cannot be taken. If a class needs to be repeated, please indicate.

NOTE: Students need to be registered in a minimum of 6 hours to be federal loan eligible.

Current Term _____

Course Number	Credits
TOTAL	

Term _____

Course Number	Credits
TOTAL	

Term _____

Course Number	Credits
TOTAL	

Remaining Hours Needed to Earn Degree: _____ (**include** registered & in progress hours)

Advisor Statement: This student and I have discussed his/her academic progress and goals to formulate this academic plan. This academic plan is attainable for this student and appropriate for progressing in his/her course of study.

_____ _____ _____

Advisor Signature **Advisor Printed Name** **Date**

Student Statement: I have discussed my academic progress with my academic advisor to formulate my academic plan. I agree that this academic plan is attainable for me, and I agree to adhere to the terms of this academic plan. I understand that I must complete the requirements of this academic plan to receive financial aid. I understand that my financial aid will be revoked or denied if I do not complete the exact requirements of this academic plan.

_____ _____

Student Signature **Date**