



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Student ID#

The Student Financial Aid office will follow this plan charted by your major advisor. Plan ahead as your major advisor may not be available during certain times. If your major advisor is unavailable, you may contact the Department Chair for your declared major. To make an appointment, contact can be made by e-mail or phone. Visit the program website at [www.csi.edu/coursesandprograms](http://www.csi.edu/coursesandprograms) to access your major advisor and department chairs' contact information. Your financial aid will be withheld or modified on any class schedule that does not follow this plan.

Please list your plan to complete your degree or certificate at the CSI.

Semester _____		
Course #	Class name	# of Credits

Semester _____		
Course #	Class name	# of Credits

Semester _____		
Course #	Class name	# of Credits

Semester _____		
Course #	Class name	# of Credits

Semester _____		
Course #	Class name	# of Credits

Semester _____		
Course #	Class name	# of Credits

I certify that this student's program, outlined above, includes only the classes needed for the CSI major program for which I advise.

\_\_\_\_\_  
Major Advisor Signature

\_\_\_\_\_  
Date

I acknowledge that it is my responsibility to be aware of all the CSI deadlines. I am responsible for making tuition payment arrangements in full, on time, regardless of financial aid or this appeal form. Failure to pay my tuition and/or fees may result in additional fees as well as my classes being dropped. I am responsible for any late fees or charges I incur as a result of not paying my tuition in full or on time. I am also responsible for getting my classes reinstated.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**-Office Use Only-**

Maximum Major Appeal: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

\_\_\_\_\_  
Financial Aid Advisor

\_\_\_\_\_  
Date