

Academic Plan for Financial Aid



Website: financialaid.highline.edu

Email: financialaid@highline.edu

Where to submit this form: You can submit this form using our [Document Upload Form](#)

How to check your status online: Go to your [Financial Aid Portal](#)

Student Information

| Last Name | First Name | Date of Birth (mm/dd/yyyy) | Student ID Number |
|-----------|------------|----------------------------|-------------------|
|-----------|------------|----------------------------|-------------------|

Directions

Complete this form with one of the following individuals:

a. Faculty Advisor

If you have a faculty advisor you are in contact with or work closely with, please schedule an appointment or visit during office hours to meet with this individual. Department information can be found in our [directory](#). **Note:** Faculty advisors are not available during break period between quarters.

b. An individual you work closely with on campus (e.g. TRIO, MESA, Work Force, Women's Program)

If you have an individual you work closely with on campus who isn't an academic or faculty advisor, please schedule an appointment or visit during office hours to meet with this individual.

c. Academic Advisor

If you don't have either of the above individuals who you work with, please see an academic advisor in Building 6, lower floor. Visit [Advising](#) to schedule an appointment or view drop-in schedules.

Program of Study Information

1. Specify your program name: _____

* **Examples:** AA, AA-Emphasis in English, AS-Engineering, Associate in Pre-Nursing, AAS-Personal Fitness Trainer, Cert.-Paralegal Plus, BAS-Youth Development

2. Specify your program type (select one box only):

- Associate of Arts (AA), Associate of Science (AS) or two-year transfer program (such as an Associate in Pre-Nursing)
- Associate of Applied Science (AAS/AAS-T)
- Certificate (Professional/Technical or ACHIEVE)
- Bachelor of Applied Science (BAS)

Signature

I affirm that the information provided in this application and other financial aid documents is true and correct to the best of my knowledge. I agree that I have reviewed, understand and agree to the conditions, responsibilities and obligations in order to receive financial aid for the academic year as stated in the Conditions of Award, and Satisfactory Academic Progress Policy available on the Financial Aid website. I also understand if I submit all required items after the published deadline, tuition is my responsibility and the Financial Aid Office will not hold my classes.

Student Signature

Date

The college provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, marital status, creed, religion, or status as a veteran of war. Prohibited sex discrimination includes sexual harassment (unwelcome sexual conduct of various types). Students who need disability accommodations should contact Access Services in Building 99, 1st Floor, room 180, email: access@highline.edu, phone: (206) 592- 3857 TTY (206) 592-4853, VP (253) 237-1106.

Financial Aid Education Plan – This section to be completed by your advisor

Academic/Faculty Advisor: Please list only the remaining required course(s) needed to complete the program. **Note:** You may include transfer or prerequisite requirements, but you must mark them with an asterisk (*). Remember, the Financial Aid Office only funds courses required for graduation/completion. This is for student planning purposes only.

| Quarter 1 | Course/Department | Credits | Quarter 2 | Course/Department | Credits |
|-----------|-------------------|---------|-----------|-------------------|---------|
| | | | | | |
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| Quarter 3 | Course/Department | Credits | Quarter 4 | Course/Department | Credits |
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| Quarter 5 | Course/Department | Credits | Quarter 6 | Course/Department | Credits |
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| Quarter 7 | Course/Department | Credits | Quarter 8 | Course/Department | Credits |
| | | | | | |
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Check here if attaching separate sheet with courses required for program of study.

* **Total credits needed to complete program:** _____ credits

• **Advisor Notes:**

 Advisor Name Advisor Signature Advisor ctcLink ID Date

Financial Aid Determination – This section to be completed by Financial Aid

1. Maximum Time Frame Calculation

| | | | | | | |
|------------------|----------|-------------|-------------------|-------|---|-------------------|
| _____ | x 125% = | _____ | - | _____ | = | _____ |
| Required Credits | | Max Credits | Attempted Credits | | | Remaining Credits |
| _____ | x 150% = | _____ | - | _____ | = | _____ |
| Required Credits | | Max Credits | Attempted Credits | | | Remaining Credits |

2. Appeal Determination

- Approved – begins: _____ Credits Approved: _____
 - EE Tracked
- Denied
 - Reason for denial: _____

3. Advisor Initials: _____