

Academic Year 2016-2017



Ho-Chunk Nation Academic Plan

This form is necessary to complete your scholarship application.
Fill it out in its entirety, including the coursework you intend to take for two consecutive terms.

Tribal ID Number _____ Last Name _____ First Name _____ Student ID Number _____

College/University _____ Degree Program _____ Year in school (FR/SO/JR/SR - Grad/Other) _____

Term	Start Date	End Date
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Class #	Course Name/Title	Credits

Term	Start Date	End Date
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Class #	Course Name/Title	Credits

Credits required for current degree: _____ Required program GPA: _____ Anticipated graduation date: _____

Credits completed towards degree: _____ Remaining program credits: _____ Degree audit worksheet attached: Y N

You and your advisor must sign this form to verify that your Academic Plan is recommended for your degree:

Student Signature	Student's preferred e-mail	Date	
Advisor Name (Printed)	Advisor Signature	Advisor Email	Date