

Academic Year 2017-2018



Ho-Chunk Nation Academic Plan

This form is necessary to complete your scholarship application.
Fill out at least **two (2) consecutive term** of intended coursework.

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 |
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Term _____ Start Date ____/____/____ End Date ____/____/____

| Class # | Course Name/Title | Credits |
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For module/quarter based students, please fill out as many quadrants as necessary.

Term _____ Start Date ____/____/____ End Date ____/____/____

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

| Class # | Course Name/Title | Credits |
|---------|-------------------|---------|
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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 | Date |
| Advisor Email | Advisor phone Number | |