



**Rose State College  
Office of Student Financial Aid**

6420 SE 15<sup>th</sup> Street  
Midwest City, Oklahoma 73110  
Phone (405) 733-7424 Fax (405) 736-0359  
Website <http://www.rose.edu> Email [finaid@rose.edu](mailto:finaid@rose.edu)

**Academic Plan Worksheet for Unusual Enrollment History**

*THIS PORTION OF THE FORM MAY NEED TO BE COMPLETED WITH YOUR ACADEMIC ADVISOR. PLEASE COMPLETE EVERY ITEM OR THIS FORM WILL BE CONSIDERED INCOMPLETE AND WILL DELAY THE PROCESS OF YOUR FINANCIAL AID.*

**Student Name:** \_\_\_\_\_ **RSC Student ID#:** \_\_\_\_\_

**Current Degree Plan:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Fill in one box for each semester that you have yet to complete towards your indicated degree plan. You must enroll for only classes that are necessary to complete your program. Please keep a copy of this Academic Plan Worksheet for your records.**

Semester:	Year:
Course:	Credit Hours:
	<b>TOTAL CREDIT Hours:</b>

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Course:	Credit Hours:
	<b>TOTAL CREDIT Hours:</b>

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Course:	Credit Hours:
	<b>TOTAL CREDIT Hours:</b>

<b>Semester:</b>	<b>Year:</b>
Course:	Credit Hours:
	<b>TOTAL CREDIT Hours:</b>

<b>Semester:</b>	<b>Year:</b>
Course:	Credit Hours:
	<b>TOTAL CREDIT Hours:</b>

<b>Semester:</b>	<b>Year:</b>
Course:	Credit Hours:
	<b>TOTAL CREDIT Hours:</b>

I plan to graduate from RSC \_\_\_\_\_ (semester/year) and have \_\_\_\_\_ credit hours remaining to finish this degree.

**I have completed the above requested information to the best of my knowledge and I know this information will be used when evaluating my financial eligibility.**

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

\_\_\_\_\_  
**Date**

To continue processing your federal financial aid request, please return completed form to:

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