WAUBONSEE COMMUNITY COLLEGE

Verification of Academic Plan
Financial Aid Student

Student: _____

"X" Number: _____

Social Sec. Num: _____

The above student needs the following courses to complete his/her major in

_____ and will begin this plan _____:
semester/year

Course	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Credits	_____

Student Signature: _____

Academic Advisor (print name): _____

Advisor Signature: _____

Date: _____

WCC does not discriminate based on any characteristic protected by law in its programs and activities.