

In the space below, please outline the course schedule you have planned for the additional term(s) requested. If you need more space, please attach a separate sheet. Discuss this academic plan (below) with your advisor and ask him or her to verify that the plan is reasonable and will allow you to graduate on your expected graduation date.

Fall Term		Winter Term		Spring Term	
Course	Units	Course	Units	Course	Units
Total # of Units		Total # of Units		Total # of Units	

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Advisor's Comments (optional):

Registrar's Signature _____ Date _____

Registrar's Comments:

Return to: Financial Aid Office, 110-87
 California Institute of Technology
 Pasadena, CA 91125