

DEGREE/CERTIFICATE PLAN VERIFICATION FORM
Educational Services, Anoka-Ramsey Community College

Date: _____

To: **Financial Aid Office**

From: _____
(Print Counselor/Advisor Name)

Re: **Maximum Time Frame Appeal for:**

(Print Student Name)

(Student ID)

The student listed above is planning to complete the following degree/certificate at Anoka-Ramsey Community College:

Associate in Arts _____
(Print emphasis, if applicable)

Associate in Science in _____
(Print name of major)

Associate in Applied Science in _____
(Print name of major)

Associate in Fine Arts in _____
(Print name of major)

Certificate _____
(Print name of certificate)

The student must complete the following courses for the degree/certificate indicated above
(Please indicate number of credits for each course ex: Math 0210 5CR) FA will fill in the term taken.

_____/CR Term_____	_____/CR Term_____	_____/CR Term_____
_____/CR Term_____	_____/CR Term_____	_____/CR Term_____
_____/CR Term_____	_____/CR Term_____	_____/CR Term_____
_____/CR Term_____	_____/CR Term_____	_____/CR Term_____
_____/CR Term_____	_____/CR Term_____	_____/CR Term_____

ARCC Counselor/Advisor Signature _____