



ACADEMIC PLAN

Oneida Tribe of Indians of WI
 HIGHER EDUCATION OFFICE
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Academic
 School Year
 20____ - 20____

→ COMPLETE THIS FORM ENTIRELY WITH ALL APPROPRIATE SIGNATURES PRIOR TO EACH SEMESTER/TERM OR UPON CLASS REGISTRATION.

Applicant Name: (Last) (First) (MI)			Social Security Number:
College/University Attending:	Academic Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> JD <input type="checkbox"/> PHD <input type="checkbox"/> MD		
Declared Major/Program:	Type of Degree you will earn: <i>(Circle)</i> Tech-Diploma AA/AS BA/BS MA/MS JD PHD MD Other _____	Expected Graduation Date: <i>(mm/dd/yy)</i>	

→ PLEASE CHECK ONE TERM ONLY & LIST ALL COURSES/INFORMATION FOR THAT SEMESTER/TERM.
(If your program or major does not have semesters/terms please contact our office for help in listing the proper amount of courses.)

CHECK ONE: <input type="checkbox"/> FALL TERM <input type="checkbox"/> WINTER TERM <input type="checkbox"/> SPRING TERM <input type="checkbox"/> SUMMER TERM					
NAME OF COURSE	COURSE NUMBER	CHECK IF ON-LINE	CREDITS	START DATE	END DATE

List future goals: _____

PLEASE READ & SIGN

The Oneida Academic Plan must be submitted for each semester/term you plan to attend. The academic plan is to assist you and your advisor with planning and selecting appropriate courses as required for your degree. If any changes or revisions occur you must submit an updated plan. I certify the information given by me on this form is true, correct and complete to the best of my knowledge.

Student Signature: _____ **Date:** _____

Email (Student): _____

School Counselor/Advisor Signature: _____ **Date:** _____

Print Name (Advisor): _____

Email (Advisor): _____

Telephone Number (Advisor): _____