BLS Student's Declaration of Progress Expectations

Student Name _____OUID _____
Last First M.

This statement outlines the enrollments and completions in the BLS program that I expect to meet for full-time or half-time progress.

For Financial Aid purposes, 24 credit-hours is considered full-time.

I expect to enroll in and complete the following BLS enrollments within the calendar dates:

(12-month period): _____ to _____

BLS Course:	Number:	Credit Hrs.	Anticipated Enrollment Date
◆_____	_____	_____	_____
◆_____	_____	_____	_____
◆_____	_____	_____	_____
◆_____	_____	_____	_____

Expected total credits within 12-month period: _____

(Check all) I understand that:

- ❑ The OU Office of Financial Aid will provide services and outline financial aid assistance in respect to fees and all other costs related to my enrollment.
- ❑ If I do not meet this progress, the College of Liberal Studies will make appropriate reports to OU Office of Financial Aid or other parties of authority to request the information and my status will be subject to change.
- ❑ If I exceed this pace of enrollment, I may request that Financial Aid Services reevaluate my eligibility for financial assistance.

Date: _____ Student Signature: _____

CLS Verification: _____ Date: _____

Original: CLS File Copies to: 1) OU Financial Aid 2) Student