



# Academic Advisor Verification

UNIVERSITY OF MINNESOTA

This form must be completed by an Academic Advisor

Please return the completed form to the student.

1. [ ] & [ ] is applying for ISSS Academic Financial Support funding for the [ ] semester.

2. This student is currently pursuing a [ ] in [ ].

3. This student will enroll in [ ] credits in the requested semester. After successfully completing these credits, the student will need [ ] additional credits to complete their degree.

4. This student is expected to complete all requirements for degree completion by the end of [ ].

Please check any statements that apply:

[ ] The student is making satisfactory progress toward the completion of the degree requirements.

[ ] The student is on academic probation or suspension.

[ ] (Graduate/Professional only) The student will register for thesis credits in [ ].

[ ] (Graduate/Professional only) The student has completed all required coursework and has scheduled preliminary exams for [ ].

[ ] Academic Adviser Signature

[ ] Today's Date

[ ] Name (Please Print)

[ ] Phone

[ ] Department or College