



Oneida Nation of Wisconsin

HIGHER EDUCATION OFFICE

P.O. BOX 365 – ONEIDA, WI 54155

(920) 869-4033 • 1-800-236-2214 • FAX: (920) 869-4039

WWW.ONEIDANATION.ORG

ACADEMIC PLAN

Academic Year: _____ - _____
(Please complete after you have registered)

If applicable, please select: **PART-TIME:** 1-5 credits

Last Name:	First:	MI:	Social Security Number:
Declared Major or Minor:	College/University Attending:		
Expected Graduation Date:	Please indicate what grade level you will be in for semester checked below: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate/Professional		

IMPORTANT: COMPLETE ENTIRE NEXT SECTION

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

List future plans: _____

> PLEASE READ & SIGN

An 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, certificate or diploma. If any changes or revisions occur you must submit an updated plan. Tribal funding will be based on the academic year of August 1 to July 31.

Student's Signature: _____ Date: _____

School Counselor/Advisor Signature: _____ Date: _____

Print Name (Counselor/Advisor): _____

School Counselor/Advisor Telephone Number: _____