

**Francis Marion University  
X-6 Checklist**

**To be completed by ALL students:**

Student's Name: \_\_\_\_\_ FMU ID or SSN \_\_\_\_\_

In which of the following are you planning to enroll? \_\_\_\_\_ Teacher Certification  
\_\_\_\_\_ 2<sup>nd</sup> Undergraduate Degree (min 30 hours required)  
\_\_\_\_\_ Prerequisites for a graduate program (12 month maximum)

I plan to enroll in \_\_\_\_\_ hours per semester (ex. 6, 9, 12, etc).

**Have your ACADEMIC ADVISOR fill this section out:**

**Do not leave blank:** This student has \_\_\_\_\_ hours (ex. 30, 45, etc.) he/she must take in order to meet the requirements.

**Advisor Print Name:** \_\_\_\_\_ **Advisor Signature:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

Complete **ONE** of the following: (Students seeking Teacher Certification do **NOT** need to complete this section)

**To be completed if you are working on a second undergraduate degree: (minimum 36 hours required)**

My first undergraduate degree was in \_\_\_\_\_. (ex: Elementary Ed, Computer Science, etc.)

My second undergraduate degree will be in \_\_\_\_\_.

**To be completed if you are taking prerequisites to get into a graduate program:**

I am taking prerequisites to get into the \_\_\_\_\_ graduate program. (ex: Clinical Psych, Business, etc.)

By signing the bottom of this form, I am verifying that I understand that I am eligible to apply for financial assistance for no more than 12 **consecutive** months after I start taking prerequisites to get into the graduate program listed above.

**To be completed by ALL students:**

I certify that all of the information reported above is true. I will notify the Financial Assistance Office if, at any time, I change my major or start taking classes that are not listed on the advising form.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion, return this form to:

Francis Marion University  
Office of Financial Assistance  
PO Box 100547  
Florence, SC 29502-0547

**To be completed by the Financial Assistance Office:** *Students leave this section BLANK*

\_\_\_\_\_ Program (must match the major stated above):

_____ Max # Semesters student can get aid:	_____ Fall 2022	_____ Spring 2023	_____ Summer 2023
	_____ Fall 2023	_____ Spring 2024	_____ Summer 2024
	_____ Fall 2024	_____ Spring 2025	_____ Summer 2025