

# Lewis & Clark

Office of Financial Aid

615 S. Palatine Hill Road

Portland, Oregon 97219

Website: [go.lclark.edu/fao](http://go.lclark.edu/fao)

[Document Upload Portal](#)

Phone: 503-768-7090

Fax: 503-768-7074

Email: [fao@lclark.edu](mailto:fao@lclark.edu)

## 2026-27 Graduate Academic Plan for Financial Aid

Student Legal Name: \_\_\_\_\_ L&C ID Number: \_\_\_\_\_

Degree Program: \_\_\_\_\_

*Course information may be found in WebAdvisor.*

**Summer 2026** (Session 1: 5/11/26 – 6/13/26 | Session 2: 6/15/26 – 7/18/26 | Session 3: 7/20/26 – 8/22/26)

| Course Number and Title | In which summer session(s) does this course meet? Check all that apply.          | Credits |
|-------------------------|--|---------|
|                         | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |         |
|                         | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |         |
|                         | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |         |
|                         | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |         |
|                         | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |         |
|                         | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |         |

Total 26/GU credits: \_\_\_\_\_

### Fall 2026

| Course Number and Title | Credits |
|-------------------------|---------|
|                         |         |
|                         |         |
|                         |         |
|                         |         |
|                         |         |
|                         |         |

Total 26/GF credits: \_\_\_\_\_

### Spring 2027

| Course Number and Title | Credits |
|-------------------------|---------|
|                         |         |
|                         |         |
|                         |         |
|                         |         |
|                         |         |
|                         |         |

Total 27/GS credits: \_\_\_\_\_

**Certification:** By typing my full legal name below, I am attesting that the information above is accurate to the best of my knowledge, the courses listed are applicable to my Master's or Doctoral degree program, and I have reviewed this academic plan with my advisor.

Student Legal First & Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_