



## Academic Progress Plan

### Bachelor's Degree Path

**THIS SECTION TO BE COMPLETED BY ACADEMIC ADVISOR**

I, \_\_\_\_\_, Academic Advisor at \_\_\_\_\_  
(College or University), have evaluated \_\_\_\_\_ (student's name)  
academic progress plan. I, \_\_\_\_\_, certify that  
\_\_\_\_\_ (student's name) will have successfully completed 60  
credit hours towards their bachelor's degree in \_\_\_\_\_ (major) by the start of the fall  
2025 semester and can successfully complete their bachelor's degree in this major in **TWO** Academic  
Years.

X

\_\_\_\_\_  
Academic Advisor

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**THIS SECTION TO BE COMPLETED BY STUDENT**

I, \_\_\_\_\_, certify that I have reviewed my academic progress  
plan with my advisor and understand I will be required to meet the following requirements below to be  
eligible for potential funding from The Greenwood Promise.

Please initial on each line below beside each statement.

\_\_\_\_\_ I will have completed 60 credit hours towards a bachelor's degree in the major identified  
above by fall 2025.

\_\_\_\_\_ I will have either the LIFE Scholarship OR Palmetto Fellows Scholarship for the 2025-2026  
Academic Year.

\_\_\_\_\_ I understand I will complete my bachelor's degree in the major identified in TWO academic years.

\_\_\_\_\_ I understand I must contact The Greenwood Promise office if I decide to change my major.

\_\_\_\_\_ I understand that if I decide not to use funding from The Greenwood Promise, I will contact the office immediately to allow another student to be chosen.

**I understand the requirements that must be met to be considered for funding. By signing below, I certify the information I have provided in the application and on this form is true and accurate. I understand that any false or untrue information will result in a loss of eligibility to receive funding from The Greenwood Promise.**

X

\_\_\_\_\_ Student

X

\_\_\_\_\_ Parent or Guardian (if minor)

\_\_\_\_\_ Date