



UNIVERSITY OF
NOTRE DAME

Application for 5th Year of Eligibility

FORM 4

TO BE COMPLETED
BY THE STUDENT-ATHLETE
& CONSULTED FACULTY
MEMBER(S)*

Student Name _____ Sport _____
Last First Middle Initial

PROPOSED ACADEMIC PLAN

Part I.

Please list the classes or courses of study that you intend to pursue.

Fall Semester

Spring Semester

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Part II.

In a detailed essay, describe why you wish to pursue this academic program and how this program will benefit your future plans. Please discuss the overall merit of the academic plan that you and the faculty member(s) have created.

(IF MORE SPACE IS REQUIRED, PLEASE DOWNLOAD FORM 4B)

I HAVE MET WITH THE STUDENT-ATHLETE, DISCUSSED THE PROPOSED PLAN AND COURSES, AND ENDORSE THIS PLAN.

Signature of Faculty Member _____ Date _____ Department _____

Signature of Faculty Member _____ Date _____ Department _____

