

School of Computing Armstrong Atlantic State University



Department of Computer Science

Student Name: _____

Date Award Given: _____

Acceptance Letter Received:

Projected Graduation Date: _____

	2002		2003		2004		2005	
Semester	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall
Reported to NSF								
Student Status Checked								
Credit Hrs.								
Financial Need:								
GPA								

Signature of person who checks the status

Date