



UNIVERSITY OF  
NOTRE DAME

# Fifth Year Application

## FORM 2

TO BE COMPLETED BY THE  
ACADEMIC SERVICES' ADVISOR

**Student Name** \_\_\_\_\_ **Sport** \_\_\_\_\_  
*Last First Middle Initial*

**Student ID#** \_\_\_\_\_ **Current Phone #** \_\_\_\_\_

### PROPOSED PROGRAM

What is the student's current college?  A&L  ARCH  BA  EG  SC

What is the student's current major? \_\_\_\_\_

What is the student's current level?  First Sem. Junior  Second Sem. Junior  
 First Sem. Senior  Second Sem. Senior

What is the student's University GPA? \_\_\_\_\_

What was the student's semester GPA in the previous two semesters? \_\_\_\_\_  
Spring \_\_\_\_\_ Fall \_\_\_\_\_

How many credits are completed? \_\_\_\_\_

How many credits are being carried this semester? \_\_\_\_\_

Please make any comments that you believe will assist the Faculty Board in its evaluation of the 5th year candidate and the proposed academic plan.

### SIGNATURE

\_\_\_\_\_  
Academic Service Advisor Date

**Please sign and fax (1-8682) to the Office of Academic Services**

