



UNIVERSITY OF
NOTRE DAME

Fifth Year Application

FORM 4

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

Student Name _____ **Sport** _____
Last First M.I.

Part I.

Please list the course number, course name and credit hours for classes you plan on taking each semester.***

Fall Semester			Spring Semester		
Course #	Course Name	Credit Hours	Course #	Course Name	Credit Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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.

Signature of Faculty Member Date Department

Signature of Faculty Member Date Department



***PLEASE ATTACH COURSE DESCRIPTIONS FOR EACH CLASS LISTED ABOVE.