



STUDY PLAN

Please complete this form beginning with _____ term and continuing through each term until your expected date of graduation. List the courses needed to complete your degree requirements by semester/quarter

NAME: _____ ID#: _____ MAJOR: _____
 SCHOOL: _____ PROSPECTIVE GRADUATION DATE: _____
 Total # of Credits Required: _____ Advanced Standing/Transfer Credits: _____
 Student's University Advisor: _____ Phone Number: _____
 Student's University Advisor Signature: _____ Email Address: _____

TERM: _____ **YEAR:** _____

Course No.	Course Name	Credits

TERM: _____ **YEAR:** _____

Course No.	Course Name	Credits

TERM: _____ **YEAR:** _____

Course No.	Course Name	Credits

TERM: _____ **YEAR:** _____

Course No.	Course Name	Credits

In signing below, I acknowledge that these are the required courses within my degree program which I must successfully complete in order to earn my undergraduate degree.

Student Name: _____

Student Cultural Office ID: _____

Date: _____