



STUDY PLAN

Please complete the form beginning with the **current term** and continuing through each term until the expected date of graduation. List by semester/quarter the coursework needed to complete degree requirements (**BY NUMBER, NAME, & NUMBER OF CREDITS**).

Name: _____ ID#: _____
 Major: _____
 School: _____
 Prospective Date of Graduation: _____
 Total Credits Required for Degree Completion: _____
 Credits Previously Earned That Count Towards Degree: _____
 Total Credits Remaining: _____
 University Advisor (Please Print): _____
 University Advisor's Telephone: _____
 University Advisor's Signature: _____
 Date: _____

PROJECTED COURSE OF STUDY

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit



Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit