



STUDY PLAN

Please complete the form beginning with the _____ 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 Number of Credits Required: _____
 Advanced Standing/Transfer Credits: _____
 University Advisor: _____

(Please print)

University Advisor's Telephone: _____
 University Advisor's Signature: _____

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