



## STUDY PLAN

Please complete the form beginning with the \_\_\_\_\_ term and continuing through each term until the expected date of graduation.

List by Semester 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