

Academic Plan

Name _____

College _____

Date _____

Social Security Number _____

Major _____

Probable Term of Graduation

F _____ Sp _____ Sum _____ 20 _____

_____ Semester 20 _____

Department Name	Course Number	Credit Hours

_____ Semester 20 _____

Department Name	Course Number	Credit Hours

_____ Semester 20 _____

Department Name	Course Number	Credit Hours

Mini-Term 20 _____

Department Name	Course Number	Credit Hours

Comments:

REVISIONS

_____ Semester 20 _____

Department Name	Course Number	Credit Hours

_____ Semester 20 _____

Department Name	Course Number	Credit Hours

Advisor's Signature _____

Student's Signature _____

Date _____