



ACADEMIC PLAN OF STUDY

The plan must list at a minimum the courses that you will take in each remaining term(s) of the year you return to school. Asterisk any repeat courses.

THE PLAN OF STUDY MUST BE SIGNED BY THE ACADEMIC ADVISOR

Fall 20__		
Course #	Description	Credits Anticipated/Grade to be Earned

Spring 20__		
Course #	Description	Credits Anticipated/Grade to be Earned

Summer 20__		
Course #	Description	Credits Anticipated/Grade to be Earned

This student will graduate upon completion of this Academic Plan.

Academic Advisor's Printed Name:	Email:
Academic Advisor's Signature:	Date: