



Counseling and Academic Advising Center

ACADEMIC ADVISING PLAN

NAME: _____ STUDENT ID#: _____

EDUCATIONAL OBJECTIVE:

☐ AA/AS

☐ AFA

☐ BA/BS

☐ Courses Only

☐ AAS

☐ CERT

☐ Undecided

PROGRAM/MAJOR SELECTED:

(Update & Attach Worksheet)

SUGGESTED EDUCATIONAL PLAN

FALL TERM 20 _____		SPRING TERM 20 _____		SUMMER TERM 20 _____	
Course Number	Credits	Course Number	Credits	Course Number	Credits
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FALL TERM 20 _____		SPRING TERM 20 _____		SUMMER TERM 20 _____	
Course Number	Credits	Course Number	Credits	Course Number	Credits
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NAME OF COUNSELOR/ADVISOR: DOMINIQUE THOMAS- GREEN

COUNSELOR/ADVISOR'S SIGNATURE

DATE

STUDENT'S SIGNATURE

DATE

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