

GRADUATION PLAN

Student Name: _____ Advisor: _____
 Major (M): _____ **Anticipated** _____
 Minor (MI) / Concentration (C): _____ **Graduation Date:** _____
 Previous earned credit (transferred, AP, IB, other) _____

Fall _____		Spring _____		Summer _____	
Course (Area)	Credits	Course (Area)	Credits	Course (Area)	Credits
Total Credits		Total Credits		Total Credits	

Fall _____		Spring _____		Summer _____	
Course (Area)	Credits	Course (Area)	Credits	Course (Area)	Credits
Total Credits		Total Credits		Total Credits	

Fall _____		Spring _____		Summer _____	
Course (Area)	Credits	Course (Area)	Credits	Course (Area)	Credits
Total Credits		Total Credits		Total Credits	

Fall _____		Spring _____		Summer _____	
Course (Area)	Credits	Course (Area)	Credits	Course (Area)	Credits
Total Credits		Total Credits		Total Credits	

Notes: _____
