



ACADEMIC PLAN OF STUDY

Please complete this form for the duration the student will be at your institution

Student Name: _____ **Major:** _____ **Catalog Yr.:** _____

Expected Graduation Date: _____ **Student Id Number:** _____

Student Classification: Frosh Soph 2nd Year Soph 3rd Year Soph Junior Senior Grad

YR	Fall I		Spring II		Summer III		End Year Credits	
	Course Title	#Cr	Course Title	#Cr	Course Title	#Cr.		
Total College/Transfer Credits			Total College/Transfer Credits			Total College/Transfer Credits		
YR	Fall I		Spring II		Summer III		End Year Credits	
	Course Title	#Cr	Course Title	#Cr	Course Title	#Cr.		
Total College/Transfer Credits			Total College/Transfer Credits			Total College/Transfer Credits		
YR	Fall I		Spring II		Summer III		End Year Credits	
	Course Title	#Cr	Course Title	#Cr	Course Title	#Cr.		
Total College/Transfer Credits			Total College/Transfer Credits			Total College/Transfer Credits		

*****ATTENTION ACADEMIC ADVISOR*****
PLEASE SIGN THIS FORM

Advisor Signature: _____ **Date:** _____