

STUDENT DEGREE PLAN

Print Student Name: _____ **Student Signature:** _____ **Date:** _____

Print Advisor's Name: _____ **Advisor's Signature:** _____ **Date:** _____

Degree: _____ **Program:** _____

1st Term Courses:		
	Credits	Grade
Total Credits:		

2nd Term Courses:		
	Credits	Grade
Total Credits:		

3rd Term Courses:		
	Credits	Grade
Total Credits:		

4th Term Courses:		
	Credits	Grade
Total Credits:		

5th Term Courses:		
	Credits	Grade
Total Credits:		

6th Term Courses:		
	Credits	Grade
Total Credits:		

7th Term Courses:		
	Credits	Grade
Total Credits:		

8th Term Courses:		
	Credits	Grade
Total Credits:		

Additional Information:
