

# ACADEMIC DEGREE PLAN

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAJOR: \_\_\_\_\_ CONCENTRATION: \_\_\_\_\_

Term: <u>FALL</u>		YEAR: _____	
Course Number	Courses Title	Credit Hours Planned	Credit Hours Complete/Grade
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			/
<b>TOTAL CREDIT HOURS</b>			

Term: <u>SPRING</u>		YEAR: _____	
Course Number	Courses Title	Credit Hours Planned	Credit Hours Complete/Grade
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			/
			/
<b>TOTAL CREDIT HOURS</b>			

Term: <u>SUMMER</u>		YEAR: _____	
Course Number	Courses Title	Credit Hours Planned	Credit Hours Complete/Grade
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			/
			/
			/
			/
			/
			/
<b>TOTAL CREDIT HOURS</b>			