PLANNED PROGRAM OF STUDY

Name:	ID#	Date:
Expected term of graduation:	No. credits needed to graduate after current semester:	
Double major or minor:	Career goals or future internship plans:	

Instructions: Please list below courses that you plan to take during the next four semesters.

7

	Semester			Semester			NOTES/COMMENTS
Cr.	Dept.	Course Number	Cr.	Dept.	Course Number		
	Total	<u> </u>		Total			

Semester			
Cr.	Dept.	Course Number	
		<u> </u>	
	Total		

Semester					
Cr.	Dept.	Course Number			
	Total				

NOTES/COMMENTS