

# DEGREE PLANNING WORKSHEET

NAME \_\_\_\_\_ MAJOR \_\_\_\_\_ ANTICIPATED GRADUATION DATE \_\_\_\_\_

UID \_\_\_\_\_ MINOR \_\_\_\_\_

Fall	20____	Spring	20____	Summer	20____
CRs	COURSE	CRs	COURSE	CRs	COURSE
Total Semester Credits		Total Semester Credits		Total Semester Credits	
Fall	20____	Spring	20____	Summer	20____
CRs	COURSE	CRs	COURSE	CRs	COURSE
Total Semester Credits		Total Semester Credits		Total Semester Credits	
Fall	20____	Spring	20____	Summer	20____
CRs	COURSE	CRs	COURSE	CRs	COURSE
Total Semester Credits		Total Semester Credits		Total Semester Credits	
Fall	20____	Spring	20____	Summer	20____
CRs	COURSE	CRs	COURSE	CRs	COURSE
Total Semester Credits		Total Semester Credits		Total Semester Credits	
Fall	20____	Spring	20____	Summer	20____
CRs	COURSE	CRs	COURSE	CRs	COURSE
Total Semester Credits		Total Semester Credits		Total Semester Credits	

MC    
 Core (Check box when course is completed):   
 IW

I understand this degree plan will determine my eligibility for graduation. My signature below confirms the following: I understand that it is my responsibility to meet with my academic advisor if a change to this degree planning worksheet( DPW) is necessary. Any change to this DPW may affect my progression in the program and/or timely graduation. I understand that an extensive change will require a new DPW to be submitted. I understand that the curriculum and course offerings are subject to change, dependent on program revisions and College resources. Future program changes may occur, at any time, and will become effective at such time as College and/or University leadership so determine. This may apply to prospective students and/or enrolled students. I understand that I am subscribed to the BME/ISE email distribution list and important program announcements are disseminated via this list.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_