

DEGREE PLANNING WORKSHEET

NAME _____

MAJOR _____

ANTICIPATED GRADUATION DATE _____

UID _____

MINOR _____

Fall	Spring	Summer
20_____	20_____	20_____
Credit Hrs	Credit Hrs	Credit Hrs
COURSE	COURSE	COURSE
<i>EXAMPLE</i>		
Total Semester Credits	Total Semester Credits	Total Semester Credits
Fall	Spring	Summer
20_____	20_____	20_____
Credit Hrs	Credit Hrs	Credit Hrs
COURSE	COURSE	COURSE
Total Semester Credits	Total Semester Credits	Total Semester Credits
Fall	Spring	Summer
20_____	20_____	20_____
Credit Hrs	Credit Hrs	Credit Hrs
COURSE	COURSE	COURSE
Total Semester Credits	Total Semester Credits	Total Semester Credits
Fall	Spring	Summer
20_____	20_____	20_____
Credit Hrs	Credit Hrs	Credit Hrs
COURSE	COURSE	COURSE
Total Semester Credits	Total Semester Credits	Total Semester Credits
Fall	Spring	Summer
20_____	20_____	20_____
Credit Hrs	Credit Hrs	Credit Hrs
COURSE	COURSE	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 my major department's email distribution list and important program announcements are disseminated via this list.

Student Signature _____ Date _____ Advisor Signature _____ Date _____