

Plan of Study for

LAST NAME

FIRST NAME

ADVISOR:

DEGREE:

MAJOR:

TECH ID:

CATALOG YEAR:

MINOR:

Fall Semester _____	Hours	Spring Semester _____	Hours	Summer Semester _____	Hours
Total Hours >		Total Hours >		Total Hours >	

Fall Semester _____	Hours	Spring Semester _____	Hours	Summer Semester _____	Hours
Total Hours >		Total Hours >		Total Hours >	

Fall Semester _____	Hours	Spring Semester _____	Hours	Summer Semester _____	Hours
Total Hours >		Total Hours >		Total Hours >	

Fall Semester _____	Hours	Spring Semester _____	Hours	Summer Semester _____	Hours
Total Hours >		Total Hours >		Total Hours >	

Total hours in above schedule:	
Total hours previously completed:	
Grand Total:	

Advisor Signature _____

Date _____