# ACADEMIC YEAR COURSE PLAN

Name: ________________________________  
Academic Year: ______________________

Year (choose one):  1st  2nd  3rd  4th  5th  6th  other  
Advisor/Major Professor: ________________________________

## FALL

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Comments (use space on other side if needed): ________________________________

Student Signature: ________________________________

Advisor Signature: ________________________________

Please return this form to the Graduate Coordinator in Kidder 368.