

ACADEMIC YEAR COURSE PLAN

Name: _____

Academic Year: _____

Year (choose one): 1st 2nd 3rd 4th 5th 6th other

Advisor/Major Professor: _____

FALL

COURSE	CREDITS

Total: _____

WINTER

COURSE	CREDITS

Total: _____

SPRING

COURSE	CREDITS

Total: _____

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

Student Signature: _____

Advisor Signature: _____

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