

# 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.*