

Class Planning Form

Student Name:					ID#	
Term:	Fall	School:				
Year:						
Dept	Course #	Course Titles	Hours	Retake	Previous Credits	
					This Terms Credits	
					Credits Remaining	
Modification of class plan:				Advisor's Signature / Date		
Student Name:					ID#	
Term:	Spring	School:				
Year:						
Dept	Course #	Course Titles	Hours	Retake	Previous Credits	
					This Terms Credits	
					Credits Remaining	
Modification of class plan:				Advisor's Signature / Date		
Student Name:					ID#	
Term:	Summer	School:				
Year:						
Dept	Course #	Course Titles	Hours	Retake	Previous Credits	
					This Terms Credits	
					Credits Remaining	
Modification of class plan:				Advisor's Signature / Date		

Class Planning Form

Student Name:					ID#	
Term:	Fall	School:				
Year:						
Dept	Course #	Course Titles	Hours	Retake	Previous Credits	
					This Terms Credits	
					Credits Remaining	
Modification of class plan:				Advisor's Signature / Date		
Student Name:					ID#	
Term:	Spring	School:				
Year:						
Dept	Course #	Course Titles	Hours	Retake	Previous Credits	
					This Terms Credits	
					Credits Remaining	
Modification of class plan:				Advisor's Signature / Date		
Student Name:					ID#	
Term:	Summer	School:				
Year:						
Dept	Course #	Course Titles	Hours	Retake	Previous Credits	
					This Terms Credits	
					Credits Remaining	
Modification of class plan:				Advisor's Signature / Date		

CONFIDENTIAL