

Class Planning Form

Student 1	Name:			ID#			
Term:	Fall	School:					
Year:							
Dept	Course #	Course Titles		Hours	Retake	Previous Credits	
						This Terms Credits	
						Credits Remaining	
Modificat	ion 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	
Modificat	ion 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 Signatur	e / Date			



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Student I	Name:			ID#		
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