

Educational Plan

Student Name _____

Date _____

Program _____

Advisor _____

Required Developmental Coursework:

- | | | | |
|----------------|----------------|----------------|---------------|
| ___ MATH 005 * | ___ ENGL 001 * | ___ ENGL 050 * | ___ ENGL 026* |
| ___ MATH 010 * | ___ ENGL 002 * | ___ ENGL 051 * | ___ ENGL 027* |
| ___ MATH 020 * | ___ ENGL 003 * | | ___ ENGL 028* |
| ___ MATH 051 * | | | ___ ENGL 029* |

**Note: Courses numbered below 100 are not counted toward degree requirements and will not transfer.*

Summer	Fall	Spring	Comments
Summer	Fall	Spring	
Summer	Fall	Spring	
Summer	Fall	Spring	

I understand that the contents of this plan are essential to my completion of program requirements. If I choose to make changes in this plan, it is my responsibility to inform my advisor. Failure to do so may jeopardize progress in my program.

Student Signature

Advisor Signature

Date

Date