COLLEGE OF HEALTH SCIENCES SENIOR CHECKOUT PLANNING FORM

	Student ID Number:		
	Local Phone:		
Credits Req			
	Credits Re	equired:	
	Credits Re	equired:	
Credits Req			n:
	 ,		
	Semester	/Session:	
Courses in Progress:		Anticipated Courses:	
:		Total Earned Hours:	
	Q		
	Anticipate	d Courses:	
<u> </u>		Samastar Cradit Haurs	
•		Total Earned Hours.	
	Semester/	Session:	
	Timorpate	d Courses.	
<u> </u>		Semester Credit Hours:	
·			
Date	Advisor's	Signature	Date
	Credits Req	Local Pho Credits Required: Credits Re	Local Phone: Expected Graduation Terr Credits Required: Expected Graduation Terr Credits Required: Expected Graduation Terr (not counting courses in progress) Semester/Session: Anticipated Courses:

Date Advisor's Signature (Copies to: Dean's Office and Advisor)