

Student's Name: _____ Student ID Number: _____
 E-Mail Address: _____ Local Phone: _____
 Major: _____ Credits Required: _____ Expected Graduation Term: _____
 Minor/Concentration: _____ Credits Required: _____
 2nd Minor/Concentration: _____ Credits Required: _____
 Second Major: _____ Credits Required: _____ Expected Graduation Term: _____
 Current **EARNED** Hours To Date: _____ (not counting courses in progress)

Semester/Session: _____		Semester/Session: _____	
Anticipated Courses:		Anticipated Courses:	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Semester Credit Hours: _____		Semester Credit Hours: _____	
Total Earned Hours: _____		Total Earned Hours: _____	

(Copies to: Dean's Office and Advisor)