

# FOUR-YEAR DEGREE PLAN

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_

Major(s)/Degree \_\_\_\_\_

Minor(s) \_\_\_\_\_

Fall __	Spring __	Summer __
Total Credits ____	Total Credits ____	Total Credits ____
Fall __	Spring __	Summer __
Total Credits ____	Total Credits ____	Total Credits ____
Fall __	Spring __	Summer __
Total Credits ____	Total Credits ____	Total Credits ____
Fall __	Spring __	Summer __
Total Credits ____	Total Credits ____	Total Credits ____

\*\*\*Check this plan each semester against your Degree Evaluation and with your current advisor to assure that it is still accurate.