Schedule Planning Form

Appointment Date & Time: _____

The schedule is requested: Fall Semester_____ Spring Semester_____ Summer term_____ Year_____

Student Name: _____ Student ID: _____

Credit Hours Completed: _____

General Education Completed: _____ Program Admission Completed: _____

Major: _____ Minor: _____

Catalog Year: _____ Intended graduation date: _____

Comments: _____

_____

	Primary Course Requests*				
Course Name	Course #	Section #	Credit Hrs.	Day & Time	Comments

Alternate Course Requests*			
Department	Course #	Credit Hrs.	Course Name

I understand that any changes to this schedule may impact my anticipated graduation date.

Student Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Students are subject to removal from any course for which they do not meet the prerequisites. If a student fails a course, or does not make the required grade for the major, the student must return to his/her advisor before taking any further courses.

- ***Original maintained in advisor's student file***
- ***Provide a copy to the student***