



RECOMMENDED FOUR YEAR PLAN OF STUDY

This form should be submitted simultaneously when submitting any form impacting an undergraduate curriculum.

Department/College:			
Degree:			
Semester/Year Requested: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____			
First Year of Enrollment			
First Term		Second Term	
Course Prefix & Number	Credit Hours	Course Prefix & Number	Credit Hours
Total Hours			
Second Year of Enrollment			
First Term		Second Term	
Course Prefix & Number	Credit Hours	Course Prefix & Number	Credit Hours
Total Hours			
Third Year of Enrollment			
First Term		Second Term	
Course Prefix & Number	Credit Hours	Course Prefix & Number	Credit Hours



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Total Hours		
Fourth Year of Enrollment		
First Term		Second Term
Course Prefix & Number	Credit Hours	Course Prefix & Number Credit Hours
Total Hours		
Total Degree Hours		