



ACADEMIC PLANNER

Name _____

Major/Degree _____

Advisor Signature _____

Date _____

Fall _____

Winter _____

Spring _____

Summer _____

Total Credits	Total Credits	Total Credits	Total Credits

Fall _____

Winter _____

Spring _____

Summer _____

Total Credits	Total Credits	Total Credits	Total Credits

Fall _____

Winter _____

Spring _____

Summer _____

Total Credits	Total Credits	Total Credits	Total Credits