



ACADEMIC PLAN

Division of Academic Affairs

Banner ID: _____ Major Department: _____

 Last Name First Name Middle

Telephone #: _____ Email Address: _____

School Year: _____ - _____ Fall _____ Spring _____ Summer _____

Classification: ____ Senior ____ Junior ____ Sophomore ____ Freshman GPA: ____

List of Classes for Term					
CRN	Course Prefix	Course No.	Section No.	Course Name	Credit Hours
Total Credit Hours (13 Maximum):					

Student Name: _____
(Printed)

Student Signature: _____ Date: _____

Advisor's Name: _____

Advisor's Signature: _____ Date: _____
(Printed)

Cc: Student's E4U Account
 Major Advisor
 Departmental Chairperson