

NAME: _____ STUDENT ID #: _____

MAJOR: _____ DATE: _____ PHONE #: _____

Expected Graduation date: ___May ___August ___December Year: _____

| Credits | Course | Completed | In Progress | To Be Done |
|---------|--------------------|-----------|-------------|------------|
| 1 | First Year Seminar | | | |

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|---|------------------------|--|--|--|
| 3 | ANY LEVEL | | | |
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| 3 | ANY LEVEL | | | |
| 1 | ANY LEVEL | | | |
| 3 | 300/400 LEVEL ELECTIVE | | | |
| 3 | 300/400 LEVEL ELECTIVE | | | |