

Name: _____ PERM: _____
LAST FIRST MIDDLE

Major: _____ Expected degree quarter/year: _____

Note: Approval of this plan does not guarantee enrollment in the classes noted. Since academic offerings change over time, there can be no guarantee that the pattern of course offerings listed will continue in the future. Students are required to enroll in a minimum of 12 units per quarter. Deficit study loads will only be considered for students in their final term or with approved exceptions.

Fall _____
Year

Course	Units

Total qt units: ____

Winter _____
Year

Course	Units

Total qt units: ____

Spring _____
Year

Course	Units

Total qt units: ____

Summer _____
(as needed) Year

Course	Units

Total qt units: ____

Fall _____
Year

Course	Units

Total qt units: ____

Winter _____
Year

Course	Units

Total qt units: ____

Spring _____
Year

Course	Units

Total qt units: ____

Summer _____
(as needed) Year

Course	Units

Total qt units: ____

Fall _____
Year

Course	Units

Total qt units: ____

Winter _____
Year

Course	Units

Total qt units: ____

Spring _____
Year

Course	Units

Total qt units: ____

Summer _____
(as needed) Year

Course	Units

Total qt units: ____

Department advisors: Please evaluate the student's plan; sign this document if you agree that the plan is the most viable option for the student to complete a degree in your major. Additional comments from department enter on page 2.

 SIGNATURE OF DEPARTMENT ADVISOR

 DEPARTMENT

 DATE

College:

Approved as stated:

Approved as modified:

Denied:

 SIGNATURE OF DEAN

 COLLEGE

 DATE

Proposed Schedule for Graduation: Questionnaire

1) List the major(s), minor(s), certificate(s), or extra coursework you plan to complete.

2) Describe the educational or professional objectives that you are pursuing through further study and how these will impact your future goals.

3) Briefly explain the circumstances that have led to your need to complete more than 12 quarters (or 9 quarters if admitted as a transfer) before attaining your degree.

4) Please describe any extenuating circumstances that might influence the dean's decision.

Please attach any documentation that supports your request.

Department Advisor Comments (for department use only):