Office of Advising
Academic Course Planner

Student Name: _____   **Student ID:** _____   **Major:** _____

Freshman Year-Fall				Freshman Year-Spring				Freshman Year-Summer			
COURSE	NAME	CR	GRADE	COURSE	NAME	CR	GRADE	COURSE	NAME	CR	GRADE
Total CR:				Total CR:				Total CR:			

Sophomore Year-Fall				Sophomore Year - Spring				Sophomore Year - Summer			
COURSE	NAME	CR	GRADE	COURSE	NAME	CR	GRADE	COURSE	NAME	CR	GRADE
Total CR:				Total CR:				Total CR:			

Junior Year – Fall				Junior Year - Spring				Junior Year - Summer			
COURSE	NAME	CR	GRADE	COURSE	NAME	CR	GRADE	COURSE	NAME	CR	GRADE
Total CR:				Total CR:				Total CR:			

Senior Year – Fall				Senior Year - Spring				Senior Year - Summer			
COURSE	NAME	CR	GRADE	COURSE	NAME	CR	GRADE	COURSE	NAME	CR	GRADE
Total CR:				Total CR:				Total CR:			

Fifth Year – Fall				Fifth Year - Spring				Fifth Year - Summer			
COURSE	NAME	CR	GRADE	COURSE	NAME	CR	GRADE	COURSE	NAME	CR	GRADE
Total CR:				Total CR:				Total CR:			