

Senior Degree Completion Grant: Academic Plan

Name: _____

Bear Pass Number: _____

Program of Study: _____ Department: _____ Anticipated Completion Date: _____

With the assistance of your degree audit, develop an academic plan semester by semester using this form. You will need to include each semester you plan to attend as well as an anticipated completion date. Your advisor will need to review and sign your completed academic plan.

TERM: _____

COURSE NAME/NUMBER HOURS

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

TERM: _____

COURSE NAME/NUMBER HOURS

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- 2) _____
- 3) _____
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COURSE NAME/NUMBER HOURS

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- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Advisor's Printed Name _____ Advisor's Signature _____ Date _____

Advisor's Comments:
