

NAME: _____ ID# _____

Advisor Signature: _____ Date: _____

Multi -Year Academic Planning

Multi -Year Academic Planning				Multi -Year Academic Planning			
	FALL / ____	SPRING / ____	SUMMER / ____		FALL / ____	SPRING / ____	SUMMER / ____
Course #1							
Course #2							
Course #3							
Course #4							
Course #5							
Credits: ____ + ____ + ____ = <input style="width: 40px; height: 20px;" type="text"/>				Credits: ____ + ____ + ____ = <input style="width: 40px; height: 20px;" type="text"/>			
	FALL / ____	SPRING / ____	SUMMER / ____		FALL / ____	SPRING / ____	SUMMER / ____
Course #1							
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Course #3							
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