COURSE PLANNING WORKSHEET

Name:_____ Date:_____

Fall Semester _____

Department/Course Number	Credits
Total:	0

Spring Semester_____

Department/Course Number	Credits
Total:	0

Summer _____

Course	Credits
Total:	0

Fall Semester _____

Department/Course Number	Credits
Total:	0

Spring Semester _____

Department/Course Number	Credits
Total:	0

Summer_____

Course	Credits
Total:	0

Fall Semester _____

Department/Course Number	Credits
Total:	0

Spring Semester_____

Department/Course Number	Credits
Total:	0

Summer _____

Course	Credits
Total:	0

Courses completed through testout/transfer

_____

_____

_____

_____

_____

_____

_____

_____

Fall Semester _____

Department/Course Number	Credits
Total:	0

Spring Semester _____

Department/Course Number	Credits
Total:	0