Name:	
ID # :	

Minor: _____

4 YEAR PLANNING WORKSHEET

Fall Semester – Year 1		Spring Semester – Year 1		Summer (optional) - Year 1	
Courses	Pre-Requisites	Courses	Pre-Requisites	Courses	Pre-Requisites
Total semester hours:		Total semester hours:		Total semester hours:	
Fall Semester – Year 2		Spring Semester – Year 2		Summer (optional) – Year 2	
					,
Total semester ho		Total comostor k		Total comostor hou	
		Total semester hours:		Total semester hours: Summer (optional) – Year 3	
Fall Semester – Year 3		Spring Se	emester – Year 3	Summer (op	tional) – Year 3
Total semester hours:		Total semester hours:		Total semester hours:	
Fall Sen	nester – Year 4	Spring Semester – Year 4		Summer (optional) – Year 4	
Total semester hours:		Total semester hours:		Total semester hou	ırs:
		-		Total hours completed:	

Notes:			