

Name: _____

Major: _____

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 hours:		Total semester hours:		Total semester hours:	
Fall Semester - Year 3		Spring Semester - Year 3		Summer (optional) - Year 3	
Total semester hours:		Total semester hours:		Total semester hours:	
Fall Semester - Year 4		Spring Semester - Year 4		Summer (optional) - Year 4	
Total semester hours:		Total semester hours:		Total semester hours:	
				Total hours completed:	

Notes: