



ACADEMIC TENTATIVE DEGREE COMPLETION CHECKLIST

Student Name _____ Banner ID _____

Catalog Year _____ Anticipated Graduation Date _____ Advisor _____

Additional Comments: _____

WL YEAR 1	Semester 1 Fall	Hours	Semester 2 Spring	Hours
	Semester Hours:		Semester Hours:	
Notes:				

WL YEAR 2	Semester 1 Fall	Hours	Semester 2 Spring	Hours
	Semester Hours:		Semester Hours:	
Notes:				

WL**YEAR 3**

Semester 1 Fall	Hours	Semester 2 Spring	Hours
Semester Hours:		Semester Hours:	
Notes:			

WL**YEAR 4**

Semester 1 Fall	Hours	Semester 2 Spring	Hours
Semester Hours:		Semester Hours:	
Notes:			