



ACADEMIC TENTATIVE DEGREE COMPLETION CHECKLIST

| | |
|----------------------------|-----------------------------------|
| Student Name _____ | Banner ID _____ |
| Catalog Year _____ | Anticipated Graduation Date _____ |
| Advisor _____ | |
| Additional Comments: _____ | |

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

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

| | | | | |
|------------------|------------------------|--------------|--------------------------|--------------|
| YEAR 3 WL | Semester 1 Fall | Hours | Semester 2 Spring | Hours |
| | | | | |
| | Semester Hours: | | Semester Hours: | |
| | Notes: | | | |

| | | | | |
|------------------|------------------------|--------------|--------------------------|--------------|
| YEAR 4 WL | Semester 1 Fall | Hours | Semester 2 Spring | Hours |
| | | | | |
| | Semester Hours: | | Semester Hours: | |
| | Notes: | | | |