



ACADEMIC TENTATIVE DEGREE COMPLETION CHECKLIST

Student Name _____ Banner ID _____

Catalog Year _____ Anticipated Graduation Date _____ Advisor _____

Additional Comments: _____

| YEAR 1 | Semester 1 Fall | Hours | Semester 2 Spring | Hours |
|--------|-----------------|-------|-------------------|-------|
| | | | | |
| | Semester Hours: | | Semester Hours: | |
| | Notes: | | | |
| YEAR 2 | Semester 1 Fall | Hours | Semester 2 Spring | Hours |
| | | | | |
| | Semester Hours: | | Semester Hours: | |
| | Notes: | | | |
| YEAR 3 | Semester 1 Fall | Hours | Semester 2 Spring | Hours |
| | | | | |
| | Semester Hours: | | Semester Hours: | |
| | Notes: | | | |
| YEAR 4 | Semester 1 Fall | Hours | Semester 2 Spring | Hours |
| | | | | |
| | Semester Hours: | | Semester Hours: | |
| | Notes: | | | |