



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:			