



## ACADEMIC TENTATIVE DEGREE COMPLETION CHECKLIST

Student Name _____		Banner ID _____	
Catalog Year _____	Anticipated Graduation Date _____	Advisor _____	
Additional Comments: _____			
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<b>YEAR 1</b> <b>WL</b>	Semester 1 Fall	Hours	Semester 2 Spring	Hours
	Semester Hours:		Semester Hours:	
	Notes:			

<b>YEAR 2</b> <b>WL</b>	Semester 1 Fall	Hours	Semester 2 Spring	Hours
	Semester Hours:		Semester Hours:	
	Notes:			

<b>YEAR 3</b> <b>WL</b>	Semester 1 Fall	Hours	Semester 2 Spring	Hours
	Semester Hours:		Semester Hours:	
	Notes:			

<b>YEAR 4</b> <b>WL</b>	Semester 1 Fall	Hours	Semester 2 Spring	Hours
	Semester Hours:		Semester Hours:	
	Notes:			