



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: