



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:			