



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:			