



ACADEMIC TENTATIVE DEGREE COMPLETION CHECKLIST

Student Name _____

Banner ID _____

Catalog Year _____

Anticipated Graduation Date _____

Advisor _____

Additional Comments: _____

	Semester 1 Fall	Hours	Semester 2 Spring	Hours
YEAR 1 				
	Semester Hours:		Semester Hours:	
	Notes:			
YEAR 2 				
	Semester Hours:		Semester Hours:	
	Notes:			
YEAR 3 				
	Semester Hours:		Semester Hours:	
	Notes:			
YEAR 4 				
	Semester Hours:		Semester Hours:	
	Notes:			