



## 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:			