



## ACADEMIC TENTATIVE DEGREE COMPLETION CHECKLIST

Student Name _____	Banner ID _____	
Catalog Year _____	Anticipated Graduation Date _____	Advisor _____
Additional Comments: _____		
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<b>YEAR 1 WL</b>	<b>Semester 1 Fall</b>	<b>Hours</b>	<b>Semester 2 Spring</b>	<b>Hours</b>
	Semester Hours:		Semester Hours:	
	Notes:			

<b>YEAR 2 WL</b>	<b>Semester 1 Fall</b>	<b>Hours</b>	<b>Semester 2 Spring</b>	<b>Hours</b>
	Semester Hours:		Semester Hours:	
	Notes:			

<b>YEAR 3 WL</b>	<b>Semester 1 Fall</b>	<b>Hours</b>	<b>Semester 2 Spring</b>	<b>Hours</b>
	Semester Hours:		Semester Hours:	
	Notes:			

<b>YEAR 4 WL</b>	<b>Semester 1 Fall</b>	<b>Hours</b>	<b>Semester 2 Spring</b>	<b>Hours</b>
	Semester Hours:		Semester Hours:	
	Notes:			