



## ACADEMIC TENTATIVE DEGREE COMPLETION CHECKLIST

Student Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Catalog Year \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_ Advisor \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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