



## 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:			