



## ACADEMIC TENTATIVE DEGREE COMPLETION CHECKLIST

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

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

**WL****YEAR 3**

Semester 1 Fall	Hours	Semester 2 Spring	Hours

Semester Hours:

Semester Hours:

Notes:

**WL****YEAR 4**

Semester 1 Fall	Hours	Semester 2 Spring	Hours

Semester Hours:

Semester Hours:

Notes: