

Name: \_\_\_\_\_ PERM: \_\_\_\_\_  
LAST FIRST MIDDLE

Major: \_\_\_\_\_ Expected degree quarter/year: \_\_\_\_\_

Note: Approval of this plan does not guarantee enrollment in the classes noted. Since academic offerings change over time, there can be no guarantee that the pattern of course offerings listed will continue in the future. Students are required to enroll in a minimum of 12 units per quarter. Deficit study loads will only be considered for students in their final term.

Fall _____ <small>Year</small>	Winter _____ <small>Year</small>	Spring _____ <small>Year</small>	Summer _____ <small>(as needed) Year</small>
Course	Course	Course	Course
Units	Units	Units	Units

Total qt units: \_\_\_\_\_ Total qt units: \_\_\_\_\_ Total qt units: \_\_\_\_\_ Total qt units: \_\_\_\_\_

Fall _____ <small>Year</small>	Winter _____ <small>Year</small>	Spring _____ <small>Year</small>	Summer _____ <small>(as needed) Year</small>
Course	Course	Course	Course
Units	Units	Units	Units

Total qt units: \_\_\_\_\_ Total qt units: \_\_\_\_\_ Total qt units: \_\_\_\_\_ Total qt units: \_\_\_\_\_

Fall _____ <small>Year</small>	Winter _____ <small>Year</small>	Spring _____ <small>Year</small>	Summer _____ <small>(as needed) Year</small>
Course	Course	Course	Course
Units	Units	Units	Units

Total qt units: \_\_\_\_\_ Total qt units: \_\_\_\_\_ Total qt units: \_\_\_\_\_ Total qt units: \_\_\_\_\_

**Department advisors: Please evaluate the student's plan; sign this document if you agree that the plan is the most viable option for the student to complete a degree in your major.** Additional comments from department:

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT ADVISOR DEPARTMENT DATE

**College:** \_\_\_\_\_ Approved as stated:  Approved as modified:  Denied:

\_\_\_\_\_  
SIGNATURE OF DEAN COLLEGE DATE