

**GRADUATION PLANNING SHEET**

Use this document to help verify the completion of all graduation requirements.

This sheet is to be turned in with your program sheet to your advisor when you are submitting your documents for graduation. The original should be kept with your program sheet which will be reviewed by your advisor, department chair, and the Registrar's Office. A copy can be made for student use at any time.

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail (if used): \_\_\_\_\_

Which semester do you plan on completing all your requirements?  
Spring / Summer / Fall Academic Year: \_\_\_\_\_

Graduation Plan: Please use the space below to indicate all outstanding graduation requirements. Be sure to list all courses as well as non-course work required (i.e., exit exam, studio requirements, etc.)

**Fall** \_\_\_\_\_  
(Year)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Spring** \_\_\_\_\_  
(Year)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Summer** \_\_\_\_\_  
(Year)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other: \***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please indicate when and how you plan completing these requirements.

To the best of my knowledge the above plan will complete my graduation requirements. I acknowledge that this plan may need to be modified once my advisor, the department chair, and the Registrar's Office review my program sheet.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date

Date Received:
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