

Undergraduate Course Schedule Planning Worksheet

Today's Date	ID Number	Expected Date of Graduation
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Name (last, first, middle initial)	
Local Address	Phone Number
e-mail address	Adviser

Fall Semester _____ (year)

Dept.	Course Number	Course Name	Credits	Required=R Eng/Sci Elective=E Other=O

Spring Semester _____ (year)

Dept.	Course Number	Course Name	Credits	Required=R Eng/Sci Elective=E Other=O

Summer Session _____ (year)

Dept.	Course Number	Course Name	Credits	Required=R Eng/Sci Elective=E Other=O

DUS Approval	Date
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