

Degree Completion Plan Worksheet

Department of Kinesiology

Please start your plan with the semester you are currently enrolled in.

Student Name: _____ Major: _____ Student ID#: _____

FIRST YEAR

Semester _____

Semester _____

SECOND YEAR

Semester _____

Semester _____

THIRD YEAR

Semester _____

Semester _____

FOURTH YEAR

Semester _____

Semester _____

The undersigned acknowledge that this degree completion plan has been reviewed together by the student and advisor. The student understands that deviation from this plan may extend time to graduation and official academic progress is available via the student's Academic Requirement Report.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____