



### Semester Planning Form

<b>Student Name:</b>	<b>SID #:</b>
<b>Advisor Name:</b>	<b>Date:</b>
<b>Academic Year:</b>	<b>Semester:</b>

#	CRN	Course Name	Course Number	Crs.	Advisor Approved
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b>Total</b>					

<b>Comments:</b>

<b>Academic Advisor</b>		<b>Signature:</b>	<b>Date:</b>
<b>Student Signature:</b>	I understand that it is my responsibility to ensure that I meet the departmental academic deadlines of my program, and to consult with my faculty advisor as needed about program requirements.		