

# Term By Term Plan Worksheet

Name: \_\_\_\_\_

Class Year: \_\_\_\_\_

Term/Year	Dept.	Course #	Course Title	Credits	Requirement (RAD, Major, etc.)
<b>Fall</b> _____					
<b>Winter</b> _____					
<b>Spring</b> _____					
<b>Fall</b> _____					
<b>Winter</b> _____					
<b>Spring</b> _____					
<b>Fall</b> _____					
<b>Winter</b> _____					
<b>Spring</b> _____					
<b>Fall</b> _____					
<b>Winter</b> _____					
<b>Spring</b> _____					

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Academic Adviser/Dept. Chair

\_\_\_\_\_  
Date

**Return to the Dean of Students Office – Sevy 110**