



Plan of Study/Transcript Review Form

Advisor should complete this form by indicating which courses the student needs to complete their degree and the term in which they will be taken.

Student Name _____ **ID #** _____

Term _____			
Course No.	Course Name	No. of Credits	FAO use only
Term _____			
Course No.	Course Name	No. of Credits	FAO use only
Term _____			
Course No.	Course Name	No. of Credits	FAO use only
Term _____			
Course No.	Course Name	No. of Credits	FAO use only

Advisor signature _____ Date _____