

Name _____ EMPLID # _____

COMPLETION PLAN

List the classes you need to complete within the semester you plan to enroll. This page may be hand-written.

SPRING 2025	SUMMER 2025	FALL 2025
SPRING 2026	SUMMER 2026	FALL 2026
SPRING 2027	SUMMER 2027	FALL 2027

Advisor's Name:

ADDITIONAL COMMENTS:

Advisor's Signature:

Date: