

DEGREE COMPLETION PLAN

Major: _____

Estimated Completion Date: _____

MIDN(___ /C) _____

YG: _____

Date: _____

Term _____

Year _____

Course No.	Short Title	Credit Hrs
Total Hours:		
Mbr: _____		DCP Validated Date: _____ Adv: _____

Term _____

Year _____

Course No.	Short Title	Credit Hrs
Total Hours:		
Mbr: _____		DCP Validated Date: _____ Adv: _____

Term _____

Year _____

Course No.	Short Title	Credit Hrs
Total Hours:		
Mbr: _____		DCP Validated Date: _____ Adv: _____

Term _____

Year _____

Course No.	Short Title	Credit Hrs
Total Hours:		
Mbr: _____		DCP Validated Date: _____ Adv: _____

Term _____

Year _____

Course No.	Short Title	Credit Hrs
Total Hours:		
Mbr: _____		DCP Validated Date: _____ Adv: _____

Term _____

Year _____

Course No.	Short Title	Credit Hrs
Total Hours:		
Mbr: _____		DCP Validated Date: _____ Adv: _____

Degree Completion Plan

Major:

MIDN (/C) _____ YG: _____ Date: _____

Term _____		Year _____
Course No.	Short Title	Credit Hrs
Total Hours:		
Mbr: _____	DCP Validated Date:	Adv: _____

Term _____		Year _____
Course No.	Short Title	Credit Hrs
Total Hours:		
Mbr: _____	DCP Validated Date:	Adv: _____

Term _____		Year _____
Course No.	Short Title	Credit Hrs
Total Hours:		
Mbr: _____	DCP Validated Date:	Adv: _____

Term _____		Year _____
Course No.	Short Title	Credit Hrs
Total Hours:		
Mbr: _____	DCP Validated Date:	Adv: _____

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