

Student: _____ Major: _____ Academic Year: _____

Student Program Planning Sheet

Fall									
Item #:	Course Number:	Section:	Days:	Hours:	Item	Alternate Course	Section:	Days:	Hours:
Winter									
Item #:	Course Number:	Section:	Days:	Hours:	Item	Alternate Course	Section:	Days:	Hours:
Spring									
Item #:	Course Number:	Section:	Days:	Hours:	Item	Alternate Course	Section:	Days:	Hours:
Summer									
Item #:	Course Number:	Section:	Days:	Hours:	Item	Alternate Course	Section:	Days:	Hours: