

Student Educational Plan

Student Name	MEID or Student ID	Program/Major	Program Confirmed in Student Center
			<input type="checkbox"/>

Transfer Plans	
Option 1	Insitution: _____
	Major: _____
	Degree Level: _____
Option 2	Insitution: _____
	Major: _____
	Degree Level: _____

Program Requirements Completed with Prior Coursework or Assessments			
Req	Course	Credits	Grade

Beginning Sequence Courses	
English	
Reading	
Math	
Sciences	

Date of Info Session Attended

Semester		Year	
Req	Course	Credits	Grade

Semester		Year	
Req	Course	Credits	Grade

Semester		Year	
Req	Course	Credits	Grade

Semester		Year	
Req	Course	Credits	Grade

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Req	Course	Credits	Grade

Semester		Year	
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Semester		Year	
Req	Course	Credits	Grade

Semester		Year	
Req	Course	Credits	Grade

Semester		Year	
Req	Course	Credits	Grade

Notes

Resources

Academic Advisor Signature: _____ Date: _____ # Credits Completed: _____