



Plan of Study

*INSTRUCTIONS:* Please complete the Plan of Study, listing the courses you will be taking each term for the duration of your program and return it to your sponsor. *Please type or print, and be sure to make a photocopy for your records.*

Name: \_\_\_\_\_

First

Last(Family Name)

UA ID#: \_\_\_\_\_ Sponsor ID# (if available): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

<b>Program Duration:</b>	<b>Arrival Date (mm/dd/yy):</b>	<b>Estimated Completion Date (mm/dd/yy):</b>	
<b>Degree Objective:</b>	<b>Major Field:</b>	<b>Academic Institution (name/location):</b>	
<b>Academic Advisor:</b>	<b>Advisor's Department:</b>	<b>Advisor's Phone:</b>	<b>Advisor's Fax:</b>

***Requirements and Status of your Academic Program***

Number of credits required for degree: \_\_\_\_\_

Number of transfer credits accepted: \_\_\_\_\_

TOTAL number of credits you must complete: \_\_\_\_\_

Examinations Required: \_\_\_\_\_

Papers or Reports Required: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature (mm/dd/yy)

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature (mm/dd/yy)

*Please outline your plan of study for your entire degree program listing all the courses you plan to take (course number and title) and the credit hours per course. All courses should be listed in the appropriate semester/quarter in which they will be taken.*

Term Type: Semester System	Course Number And Title		# of Credit Hours	Grade	
	Course#	Course Title			
Semester/Quarter:  Year:					Term GPA  Cum GPA
Semester/Quarter:  Year:					Term GPA  Cum GPA
Semester/Quarter:  Year:					Term GPA  Cum GPA
Semester/Quarter:  Year:					Cum GPA

Semester/Quarter: Year:					Term GPA Cum GPA
Semester/Quarter: Year:					Term GPA Cum GPA
Semester/Quarter: Year:					Term GPA Cum GPA
Semester/Quarter: Year:					Term GPA Cum GPA
Summer Classes: Year:					Term GPA Cum GPA