Degree/Academic Plan
(To be completed by Advisor)

Student Name: _______________________________________

UIN: ________________________________

1. To the best of your knowledge, has the student made you or another academic advisor aware of any extenuating circumstances that may have hindered their past academic performance? If so, please comment.

_______________________________________________________________________________________
_______________________________________________________________________________________

2. DEGREE/ACADEMIC PLAN:

   For each of the following categories, please list the courses and hours needed to complete the degree requirements:

   General Education requirements needed (# hours):

   ECCE requirements needed (# hours):

   Core requirements needed (# hours):

   INDIVIDUALIZED CONCENTRATION requirements needed (# hours):

   General Elective requirements needed (# hours):

   Total hours required to complete degree requirements _______________________________________

Evaluation completed by (please print) ______________________________________________________

College: ___________________________________________ Phone: _________________________________

Signature: __________________________________________ Date: _________________________________