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. When will you complete your incompletes? ________________________________

3. What is the plan for completing any unsatisfactory grades? ________________________________

_______________________________________________________________________________________

4. 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 remaining to complete degree requirements ________________________________

Evaluation completed by (please print) _________________________________________________

College: __________________________ Phone: __________________________

Signature: __________________________ Date: __________________________