

Degree/Academic Plan

(To be completed by Advisor)

Student Name: _____

UIN: _____

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: _____