**Program Planning Worksheet**

Name      ID Number

Phone Number      Registering for Fall Spring Year

Major(s)       Minor(s)

Current Student Classification FR SO JR SR  USB GRAD UGND

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| **Subject** | **Course Number** | **Course Title** | **Credit Hours** | **Major**  **Minor**  **Elective** |
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Notes:

**Student was advised to register for a total of** **credit hours.**

**Student may register starting**

**\*\*\*Advisement was based on Degree Progress Report/Academic Requirement Report.**

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

**Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**