



## Veterans Administration Degree Plan

### STUDENT AND DEGREE INFORMATION

Student ID: \_\_\_\_\_ Name: \_\_\_\_\_  
Last Name First Name Middle Name

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ College (UG) / Department (GR): \_\_\_\_\_ Degree(s): \_\_\_\_\_

Major 1: \_\_\_\_\_ Major 2: \_\_\_\_\_ Major 3: \_\_\_\_\_ Planned Graduation Date:  Fall 20\_\_  
 Spring 20\_\_

### DEGREE PLAN

Course	Hours	Course	Hours
<b>Year:</b> 20____ <b>Semester :</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		<b>Year:</b> 20____ <b>Semester :</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
<b>Year:</b> 20____ <b>Semester :</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		<b>Year:</b> 20____ <b>Semester :</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
<b>Year:</b> 20____ <b>Semester :</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		<b>Year:</b> 20____ <b>Semester :</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
<b>Year:</b> 20____ <b>Semester :</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		<b>Year:</b> 20____ <b>Semester :</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	

DEGREE PLAN			
Course	Hours	Course	Hours
Year: 20_____ Semester : <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Year: 20_____ Semester : <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Year: 20_____ Semester : <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Year: 20_____ Semester : <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Year: 20_____ Semester : <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Year: 20_____ Semester : <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Year: 20_____ Semester : <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Year: 20_____ Semester : <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	

ADVISOR APPROVAL		
_____ <i>Major 1 Advisor Signature</i>	_____ <i>Major 1 Advisor Printed Name</i>	_____ <i>Date</i>
_____ <i>Major 2 Advisor Signature</i>	_____ <i>Major 2 Advisor Printed Name</i>	_____ <i>Date</i>
_____ <i>Major 3 Advisor Signature</i>	_____ <i>Major 3 Advisor Printed Name</i>	_____ <i>Date</i>

SIGNATURE
After completing and signing this form, please submit it to the Office of the Registrar.
Student Signature: _____ Date: _____