

Graduation Plan

Name: _____ ID: _____ Date: _____

Major: _____ Instrument: _____ Advisor: Scott Rogers

Complete this Graduation Planning form to indicate what you intend to take to satisfy/complete your degree requirements.
Please note:

1. If you intend to take a course(s) at another institution and transfer them back to BGSU, please work with Transfer Evaluation to verify the transferability of course(s) and indicate the course(s) with the BGSU equivalent under the appropriate term.
2. This is **UNOFFICIAL**. **There are too many** variables that may cause a delay towards degree completion and graduation.

Freshman Year

Fall 20 _____

Spring 20 _____

Summer 20 _____

Course	Credit Hour	Course	Credit Hour	Course	Credit Hour
TOTAL		TOTAL		TOTAL	

Sophomore Year

Fall 20 _____

Spring 20 _____

Summer 20 _____

Course	Credit Hour	Course	Credit Hour	Course	Credit Hour
TOTAL		TOTAL		TOTAL	

Graduation Plan

Junior Year

Fall 20_____

Spring 20_____

Summer 20_____

Course	Credit Hour	Course	Credit Hour	Course	Credit Hour
TOTAL		TOTAL		TOTAL	

Senior Year

Fall 20_____

Spring 20_____

Summer 20_____

Course	Credit Hour	Course	Credit Hour	Course	Credit Hour
TOTAL		TOTAL		TOTAL	