

ACADEMIC PLAN FOR BIOLOGICAL SCIENCES MAJORS

*(Complete as many pages as required with academic advisor for **all** remaining requirements to graduate.)*

Student's Name: _____ CIN: _____ Date: _____

Major: _____ Minor (specify if any): _____

QTR/YR:		QTR/YR:		QTR/YR:		QTR/YR:	
Course #	Units	Course #	Units	Course #	Units	Course #	Units
Total Units		Total Units		Total Units		Total Units	

QTR/YR:		QTR/YR:		QTR/YR:		QTR/YR:	
Course #	Units	Course #	Units	Course #	Units	Course #	Units
Total Units		Total Units		Total Units		Total Units	

Your Signature: _____

Academic Advisor's Signature: _____

Proposed Graduation Date or Year: _____

CUM GPA: _____

Career Goal: _____

Passed WPE in _____