



MINORITY
OPPORTUNITIES
IN RESEARCH

UNDERGRADUATE ADVISEMENT ACADEMIC PROGRAM PLAN

Name _____ S.I.D# _____ GraduationDate _____

Address: _____ City, State, Zip _____

Home Phone: () _____ Alternate Phone: () _____

E-mail _____ Date of Entry to Program _____ Date _____

B.A./B.S. Objective: _____ Graduation Date _____

Writing Proficiency Exam (WPE)Date (s) Taken: _____ Date Requirement Completed: _____

Year	Fall	Units	Year	Winter	Units	Year	Spring	Units	Year	Summer	Units
	Total Units			Total Units			Total Units			Total Units	
Year	Fall	Units	Year	Winter	Units	Year	Spring	Units	Year	Summer	Units
	Total Units			Total Units			Total Units			Total Units	
Year	Fall	Units	Year	Winter	Units	Year	Spring	Units	Year	Summer	Units
	Total Units			Total Units			Total Units			Total Units	
Year	Fall	Units	Year	Winter	Units	Year	Spring	Units	Year	Summer	Units
	Total Units			Total Units			Total Units			Total Units	

Signature of P.I _____ Date _____

Signature of Academic Advisor _____ Date _____