

### GRADUATION PLANNING FORM

Student Name: \_\_\_\_\_ SID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

*Please check all that apply:*

- Simultaneous Degree   
  Excess Semester/Units   
  Change of Major   
  Minor   
  Probation  
 Change of College into Environmental Design   
  Readmission: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Expected Total Units: \_\_\_\_\_

**PROPOSED SCHEDULE OF CLASSES:**

Beginning with the current term, indicate all courses you plan to take, including those needed to complete major, college/school, and University requirements.

Summer _____	Units	Fall _____	Units	Spring _____	Units
Total		Total		Total	

Summer _____	Units	Fall _____	Units	Spring _____	Units
Total		Total		Total	

Summer _____	Units	Fall _____	Units	Spring _____	Units
Total		Total		Total	

Summer _____	Units	Fall _____	Units	Spring _____	Units
Total		Total		Total	

**REQUIRED SIGNATURE(S)**

Student \_\_\_\_\_ Date \_\_\_\_\_ Major Advisor \_\_\_\_\_ Date \_\_\_\_\_

Major Advisor \_\_\_\_\_ Date \_\_\_\_\_