FOUR-YEAR PLAN

Name: _____ Student No.: ____ Catalog Year: ____

Course Number	FALL 20	Hours	Course Number	SPRING 20	Hours	Course Number	SUMMER 20	Hours
Course Number	FALL 20	Hours	Course Number	SPRING 20	Hours	Course Number	SUMMER 20	Hours
Course Number	FALL 20	Hours	Course Number	SPRING 20	Hours	Course Number	SUMMER 20	Hours
Course Number	FALL 20	Hours	Course Number	SPRING 20	Hours	Course Number	SUMMER 20	Hours