

Name \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

**Educational Planning Form One Semester**

Major \_\_\_\_\_ Student ID \_\_\_\_\_

Class Section	Course Title	Course No.	Days	Times

**Weekly Class Grid**

Time	Mon	Tues	Wed	Thurs	Fri	Sat

**Note:** Include general education, preparation for the major and English and math classes if needed. Check to make sure you have met or cleared the course prerequisites.