Course Planner Name:_____ SID:_____ or SSN:_____

Program of study: _____ **Advisor:** _____

Year: 2016 Semester Fall	Year: 2016 Semester Fall	Credits	Instructor	Grade

Year: 20____ Semester Fall	Year: 20____ Semester Fall	Credits	Instructor	Grade

Year: 20____ Semester Fall	Year: 20____ Semester Fall	Credits	Instructor	Grade

Year: 20____ Semester Fall	Year: 20____ Semester Fall	Credits	Instructor	Grade

150% Limit on Credits

This course planner is Not Valid until signed by both student and advisor & original must be on file in the students financial aid file before disbursement.

Student Signature	**Date**
Advisor Signature	**Date**