

Name: _____ **Date Revised:** _____
Major(s): _____ **Minor(s):** _____

This document is only to be used as an **advising tool** to help with planning graduation in an appropriate timeline. Please refer to your college catalog for most accurate information regarding requirements for general education, graduation, and your degree. **Always consult with your advisor.**

General Education & Graduation Checklist

- | | |
|-----------------------------------|---|
| _____ Course Prefix & # | _____ Goal Area 8 |
| Check if Completed or In Progress | |
| _____ Goal Area 1A | _____ Goal Area 9 |
| _____ Goal Area 1B | _____ Goal Area 10 |
| _____ Goal Area 2 | _____ Goal Area 11 |
| _____ Goal Area 3
(w/Lab) | _____ Goal Area 12
(0-1 credit; optional) |
| _____ Goal Area 3* | _____ Goal Area 13
(0-2 credits; optional) |
| _____ Goal Area 4 | 44 cr. from Goals 1-13 |
| _____ Goal Area 5* | _____ Writing Intensive |
| _____ Goal Area 5* | _____ Writing Intensive |
| _____ Goal Area 6* | _____ Diverse Culture** |
| _____ Goal Area 6* | _____ Diverse Culture** |
| _____ Goal Area 7 | 120 credits total |
| | 40 cr. at 3/400 level |

*Complete this goal area with 2 courses from 2 different disciplines, 6 or more credits

**Need: either 1 purple & 1 gold OR 2 purples

Additional Advising Notes:

Year Of:					
Fall		Spring		Summer	
Course/Course #	Credits	Course/Course #	Credits	Course/Course #	Credits
Total Semester Credits		Total Semester Credits		Total Semester Credits	

Year Of:					
Fall		Spring		Summer	
Course/Course #	Credits	Course/Course #	Credits	Course/Course #	Credits
Total Semester Credits		Total Semester Credits		Total Semester Credits	

Year Of:					
Fall		Spring		Summer	
Course/Course #	Credits	Course/Course #	Credits	Course/Course #	Credits
Total Semester Credits		Total Semester Credits		Total Semester Credits	

Year Of:					
Fall		Spring		Summer	
Course/Course #	Credits	Course/Course #	Credits	Course/Course #	Credits
Total Semester Credits		Total Semester Credits		Total Semester Credits	