

My MapPlan

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 |
| <input type="checkbox"/> 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*
(0-2 credits; optional) | _____ Goal Area 13 |
| _____ 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. Writing Intensive courses must also come from 2 different disciplines. **Need: either 1 purple & 1 gold OR 2 purples; must come from 2 different disciplines.

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:					
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