

Counseling Department

Academic Planning Calendar Page

Name: _____

Counselor: _____

First Semester/Session
Fall / Spring / Summer Year ____
Course Credits

Second Semester/Session
Fall / Spring / Summer Year ____
Course Credits

Third Semester/Session
Fall / Spring / Summer Year ____
Course Credits

Fourth Semester/Session
Fall / Spring / Summer Year ____
Course Credits

Fifth Semester/Session
Fall / Spring / Summer Year ____
Course Credits

Sixth Semester/Session
Fall / Spring / Summer Year ____
Course Credits

Seventh Semester/Session
Fall / Spring / Summer Year ____
Course Credits

Eighth Semester/Session
Fall / Spring / Summer Year ____
Course Credits

Appointment Dates: _____