

Plan of Study

Name of Program: _____

Credential: _____

Location: _____

Program Liaison: _____

STUDENT NAME: _____

Student ID Number

Special Notes:

First Semester				Credit hours
			Total Credits	

Second Semester:				Credit hours
			Total Credits	

Third Semester:				Credit hours
			Total Credits	

Fourth Semester				Credit hours
			Total Credits	
			Total Credits for Program	

Special Notes:

Choose ___ _____hours from the following approved courses:*				
Credit Hours				
Somerset Community College				

Student Signature

Date

Advisor Signature

Date