COLLEGE OF HEALTH SCIENCES
SENIOR CHECKOUT PLANNING FORM

Student's Name:_____ Student ID Number: _____
E-Mail Address:_____ Local Phone: _____
Major:_____ Credits Required:_____ Expected Graduation Term: _____
Minor/Concentration:_____ Credits Required: _____
2nd Minor/Concentration:_____ Credits Required:_____
Second Major:_____ Credits Required:_____ Expected Graduation Term: _____
Current **EARNED** Hours To Date: _____ (not counting courses in progress)

CurrentSemester:_____ **Semester/Session**:_____
Courses in Progress: Anticipated Courses:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Semester Credit Hours:	_____	Semester Credit Hours:	_____
Total Earned Hours:	_____	Total Earned Hours:	_____

Semester/Session:_____ **Semester/Session**:_____
Anticipated Courses: Anticipated Courses:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Semester Credit Hours:	_____	Semester Credit Hours:	_____
Total Earned Hours:	_____	Total Earned Hours:	_____

Semester/Session:_____ **Semester/Session**:_____
Anticipated Courses: Anticipated Courses:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Semester Credit Hours:	_____	Semester Credit Hours:	_____
Total Earned Hours:	_____	Total Earned Hours:	_____

_____ _____
Student's Signature Date Advisor's Signature Date

(Copies to: Dean's Office and Advisor)