

Department of _____

Trial 4-Year Plan

Name: _____

Degree:

Option:

Year One: Fall Semester		Year One: Spring Semester		Year One: Summer Semester	
CLASS	HOURS	CLASS	HOURS	CLASS	HOURS
SEMESTER TOTAL		SEMESTER TOTAL		SEMESTER TOTAL	

Year Two: Fall Semester		Year Two: Spring Semester		Year Two: Summer Semester	
CLASS	HOURS	CLASS	HOURS	CLASS	HOURS
SEMESTER TOTAL		SEMESTER TOTAL		SEMESTER TOTAL	

Year Three: Fall Semester		Year Three: Spring Semester		Year Three: Summer Semester	
CLASS	HOURS	CLASS	HOURS	CLASS	HOURS
SEMESTER TOTAL		SEMESTER TOTAL		SEMESTER TOTAL	

Year Four: Fall Semester		Year Four: Spring Semester		Year Four: Summer Semester	
CLASS	HRS	CLASS	HRS	CLASS	HRS
SEMESTER TOTAL		SEMESTER TOTAL		SEMESTER TOTAL	
TOTAL HOURS					