

DEGREE COMPLETION PLAN Major:

Estimated Completion Date:

MIDN(___/C)

YG: _____ Date:

Term	Year		Term	Year	
Course No.	Short Title	Credit Hrs	Course No.	Short Title	Credit Hrs

Total Hours:

Total Hours:

Mbr: _____	DCP Validated Date:	Adv: _____	Mbr: _____	DCP Validated Date:	Adv: _____
Term	Year		Term	Year	
Course No.	Short Title	Credit Hrs	Course No.	Short Title	Credit Hrs

Total Hours:

Total Hours:

Mbr: _____	DCP Validated Date:	Adv: _____	Mbr: _____	DCP Validated Date:	Adv: _____
Term	Year		Term	Year	
Course No.	Short Title	Credit Hrs	Course No.	Short Title	Credit Hrs

Total Hours:

Total Hours:

Degree Completion Plan

Major:

MIDN (/C) _____ YG: _____ Date: _____

Term _____

Year _____

Term _____

Year _____

Course No.	Short Title	Credit Hrs	Course No.	Short Title	Credit Hrs
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Total Hours:

Total Hours:

Mbr: _____ DCP Validated Date: _____ Adv: _____ Mbr: _____ DCP Validated Date: _____ Adv: _____

Term _____

Year _____

Term _____

Year _____

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Total Hours:

Total Hours:

Mbr: _____ DCP Validated Date: _____ Adv: _____ Mbr: _____ DCP Validated Date: _____ Adv: _____

Term _____

Year _____

Term _____

Year _____

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