Long-Term Planning Sheet

Student Name: _____ Major: _____

ID: _____

FALL	SPRING	SUMMER
		ONE
		TWO

FALL	SPRING	SUMMER
		ONE
		TWO

FALL	SPRING	SUMMER
		ONE
		TWO

- ***As you plan classes into your long-term planning sheet, be sure you plan for courses required as prerequisites.***
- ***Remember to follow your degree plan when selecting courses.***
- ***Please remember to consider your personal needs when scheduling.***