ALCORN STATE UNIVERSITY

Undergraduate Student Career Plan

Name:		Student ID#:									
Last First			Mic	Middle Initial							
Perman	ent Address:										
Street and Number				City State					Zip		
Residence Hall/Room#:				Campus Phone#:							
Home Phone: Cell P			hone:_	e:Email:(ASU)							
Classification:				(PERSONAL)							
				Career Choice: (i.e. nurse, teacher accountant, dietician)							
-							(i	.e. nı	urse, teacher acc	countant, dietician)	
RECOM	IMENDED TAS	SKS/ACTIVITIES FI	ROM A	CAD	EMI	C AI	viso	R			
ГASK 1	!										
TASK 2	:								····		
AGREE	MENT SECTION	ON: I certify my cor	nmitme	nt to	wor	k dil	igently	on	my career plan	and to meet at leas	
	-	ter with my academ			-						
_	_	oproved time table. I	_			ow th	e estal	blish	ed curriculum f	for my major area o	
study (Se	e catalog) and (commit to seeking he	ıp wnen	need	eu.						
Student's Signature				TERM Date							
20000000 2 20 3000000										Summer II	
			CLA	SS SC	CHEI	OULE	2				
CRN	Course No. Section	Descriptive Title	Sem Hrs.	M	T	W	ТН	F	Building & Room No.	Instructor	
-											
		_									
	n	Fotal Semester Hours	y•								
	J	i otai oemestei muuis	··								
Your r	next scheduled a	appointment date			cadeı	mic A	dvisor	's Si	ignature	Date	