



Educational/Academic Plan

Student Name _____

Last
First
Middle Initial

AWC ID # _____ AWC Email _____

Program of Study: ___ Certificate ___ AA ___ ABUS ___ AS ___ AAS ___ AGS

Major: _____ Catalog Year: _____ Date of Completion _____

An Educational/Academic Plan (EAP) is an excellent tool which should list all courses, semester by semester, that a student must take in order to complete her/his certificate or degree. The Plan should take into account developmental courses, transfer courses, prerequisite courses and class sequencing. To complete a Plan, students should utilize degree/certificate Program Check Sheet, for program requirements and Advising Worksheet, for general education requirements, as well as consult with their faculty and/or an academic advisor.

Certificate/degree requirements may change from one catalog year to another. Students should follow the requirements of the catalog year in which they are following. Students should consult with an advisor if they have questions regarding catalog year.

An academic advisor should review this form to approve that this Plan completes all certificate/degree requirements in the most expeditious manner. Students are ultimately responsible for making certain that their Educational Academic Plan meets all degree/certificate requirements for graduation.

Semester/Year _____ <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned		Semester/Year _____ <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned		Semester/Year _____ <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned	
Course Title/Number	Credit Hrs	Course Title/Number	Credit Hrs	Course Title/Number	Credit Hrs
Semester/Year _____ <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned		Semester/Year _____ <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned		Semester/Year _____ <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned	
Course Title/Number	Credit Hrs	Course Title/Number	Credit Hrs	Course Title/Number	Credit Hrs
Semester/Year _____ <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned		Semester/Year _____ <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned		Semester/Year _____ <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Planned	
Course Title/Number	Credit Hrs	Course Title/Number	Credit Hrs	Course Title/Number	Credit Hrs

03/2013

Advisor Name (print): _____	Date: _____
Recommendations/Comments: _____	