



Graduation Plan

Name: _____

RSCC Certificate or Degree: AA AS AST AFA AAS

R#: _____

Major/Concentration: _____

Advisor Name: _____ Phone: _____

Catalog Year: _____

Advisor e-mail: _____ @roanestate.edu

Expected Term of Graduation: F SP SU Year: _____
(circle one)

Career/Academic Goals:

Tasks to Complete:

Comments:

Semester _____			Semester _____		
Course No.	Course Name	Cr. Hrs.	Course No.	Course Name	Cr. Hrs.
Total _____			Total _____		
Semester _____			Semester _____		
Course No.	Course Name	Cr. Hrs.	Course No.	Course Name	Cr. Hrs.
Total _____			Total _____		

Student's Signature: _____ Date: _____ Follow-up Appointment: _____

Advisor's Signature: _____ Date: _____

Career/Academic Goals:

Tasks to Complete:

Comments:

Semester _____

Course No.	Course Name	Cr. Hrs.

Total _____

Semester _____

Course No.	Course Name	Cr. Hrs.

Total _____

Semester _____

Course No.	Course Name	Cr. Hrs.

Total _____

Semester _____

Course No.	Course Name	Cr. Hrs.

Total _____

Student's Signature: _____ Date: _____ Follow-up Appointment: _____

Advisor's Signature: _____ Date: _____