

Department of Health Sciences

Advisee Tentative Plan

Student Name _____ Peoplesoft # _____
 Concentration _____ Catalog yr./expected grad. _____
 Pre-Professional Prep _____

In the spaces for each semester, write the courses you have completed or plan to complete.

Freshman
Fall Semester

Course	Credits
Total Credits	

Sophomore
Fall Semester

Course	Credits
Total Credits	

Junior
Fall Semester

Course	Credits
Total Credits	

Senior
Fall Semester

Course	Credits
Total Credits	

Freshman
Spring Semester

Course	Credits
Total Credits	

Sophomore
Spring Semester

Course	Credits
Total Credits	

Junior
Spring Semester

Course	Credits
Total Credits	

Senior
Spring Semester

Course	Credits
Total Credits	

Freshman
Summer Semester

Course	Credits
Total Credits	
Year Total	

Sophomore
Summer Semester

Course	Credits
Total Credits	
Year Total	

Junior
Summer Semester

Course	Credits
Total Credits	
Year Total	

Senior
Summer Semester

Course	Credits
Total Credits	
Year Total	

Overall Total _____ (120 Hours)

Transferred Hours _____



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