

Academic Graduation Plan

Name: _____ Potsdam ID Number: _____

Objective of Academic Graduation Plan:

Please work with your Academic Advisor to fill out the courses you plan on taking for the remainder of your degree. This plan should document in detail how you will fulfill your degree coursework by laying out the path toward degree completion. Be sure to maintain the minimum number of credit hours required for full-time study status (12) toward your program of study.

Course Subject and Number	Course Title	Credit Hours	Semester Taking
Ex: BIOL 101	Introduction to Biology	3	Fall 2024

By signing below, I am declaring that I understand all the above and agree to the terms.

Student Signature

Academic Advisor Signature

Date

Date