

PLAN OF STUDY

Please complete with our Advisor each semester

HEARTLAND ADVISEMENT

Name: _____

Heartland degree/program:

ID#: _____

Transfer plans:

Advisor: _____

Term:	# credit hrs	Term:	# credit hrs	Term:	# credit hrs
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Term Credits

Total Term Credits

Total Term Credits

Term:	# credit hrs	Term:	# credit hrs	Term:	# credit hrs
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Total Term Credits _____ Total Term Credits _____ Total Term Credits _____

Total Credits needed to complete Program: _____

Expected Graduation Date: _____

Advisor Signature: _____

Date: _____