## COURSE PLANNING FORM FOR NEXT FOUR SEMESTERS

Name:	S/	AC STATE ID:	Date:	
Sem/Yr:	# Units ↓	Sem/Yr:		# Units ↓
	otal Units:		Total Units:	
# of hours per week you plan	to work:	# of hours per	r week you plan to work:	
Sem/Yr:	# Units ↓	Sem/Yr:		# Units ↓
Тс	otal Units:		Total Units:	
# of hours per week you plan to work:		# of hours per	r week you plan to work: _	
Student: This form	<mark>is in addition to, and is r</mark>	not to be used in lieu of	, the advising form.	
Questions to Advisor/ Notes fi	rom Advicor:			
QUESTIONS TO WOARSON HOTES IN	OIII AUVISUI.			