



# Program Completion Plan

**To be completed by the student:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SCSU ID#: \_\_\_\_\_ Degree Level: \_\_\_\_\_

Major: \_\_\_\_\_ Phone number: \_\_\_\_\_

SCSU e-mail: \_\_\_\_\_ Personal e-mail: \_\_\_\_\_

First semester at SCSU: \_\_\_\_\_ Current I-20 expiration date: \_\_\_\_\_  
(Semester/Year)

**To be completed by the Academic Advisor:** *(Please complete according to the student's requirements needed for degree completion)*

(Semester/Year): \_\_\_\_\_

(Semester/Year): \_\_\_\_\_

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	

(Semester/Year): \_\_\_\_\_

(Semester/Year): \_\_\_\_\_

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	

(Semester/Year): \_\_\_\_\_

(Semester/Year): \_\_\_\_\_

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	

	Course Title & Number	Credits
1		
2		
3		
4		
5		
	Total	

*By signing below, I certify that the student is making normal progress towards his or her educational objective. I have verified that the above listed information is true and correct according to my review of the student's DARS report.*

\_\_\_\_\_  
(Signature of Academic Advisor)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Name – Please Print)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Academic Department)