

SCHOOL OF ENGINEERING
ACADEMIC PROGRAM PLANNING FORM
(COURSE SELECTION FORM)

NAME _____ KUID _____

SEMESTER: FALL _____ SPRING _____ SUMMER _____

MAJOR _____ BS

DEPT.	COURSE NUMBER	COURSE TITLE	CREDIT HOURS	NOTES

ALTERNATE COURSE SELECTIONS

TOTAL CREDIT HOURS _____ EXCESS HOURS APPROVAL _____

In consultation with an advisor, I have chosen these courses based on my program of study. I understand I am responsible for selection of these courses and for knowing degree requirements for my major.

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

IF YOU PLAN TO GRADUATE AFTER COMPLETION OF THE SEMESTER IN WHICH YOU ARE NOW ENROLLING, FILL OUT AN APPLICATION FOR DEGREE ON ENROLL AND PAY > LEARNER SERVICES. THIS WILL GENERATE A DEGREE CHECK BY THE DEAN'S OFFICE.

ADVISOR'S COMMENTS	
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