



INTERCOLLEGIATE ATHLETICS DEPARTMENT
ACADEMIC YEAR PLANNER

NAME: _____ SPORT: _____

ID #: _____ - _____ - _____ PIN #: _____

Submitted by: Intercollegiate Athletics Department Due Date: _____

Instructions: This form must be completed during the **SPRING QUARTER** of each year.

- ◆ Make an appointment to meet with your FACULTY ADVISOR.
- ◆ Tentatively decide on an academic year plan before meeting with your advisor.
- ◆ Take your Degree Requirement sheet (Curriculum) & complete academic history to the meeting with faculty advisor.

FALL QUARTER 2004	
Course	Area of Curriculum
Total Units:	NCAA Satisfactory Academic Progress Units:
WINTER QUARTER 2005	
Course	Area of Curriculum
Total Units:	NCAA Satisfactory Academic Progress Units:
SPRING QUARTER 2005	
Course	Area of Curriculum
Total Units:	NCAA Satisfactory Academic Progress Units:
SUMMER QUARTER 2005	
Course	Area of Curriculum
Total Units to be Completed:	NCAA Satisfactory Academic Progress Units:

FACULTY ADVISOR: _____
 (Print)
 _____ Date: _____
 (SIGNATURE)
 DEPARTMENT: _____