MERCER UNIVERSITY

MY ACADEMIC PLAN

Student Name_____

Student ID Number_____

Academic Major_____

Minor, Second Major, etc. _____
(if applicable)

TRANSFER CREDIT

Course	Title	Hour(s)

NOTES

FIRST YEAR

FALL 20 ☐☐

Course	Title	Hour(s)
	Total Hours	

SPRING 20 ☐☐

Course	Title	Hour(s)
	Total Hours	

SUMMER 20 ☐☐

Course	Title	Hour(s)
	Total Hours	

SECOND YEAR

FALL 20 ☐☐

Course	Title	Hour(s)
	Total Hours	

SPRING 20 ☐☐

Course	Title	Hour(s)
	Total Hours	

SUMMER 20 ☐☐

Course	Title	Hour(s)
	Total Hours	

THIRD YEAR

FALL 20 ☐☐		
Course	Title	Hour(s)
	Total Hours	

SPRING 20 ☐☐		
Course	Title	Hour(s)
	Total Hours	

SUMMER 20 ☐☐		
Course	Title	Hour(s)
	Total Hours	

FOURTH YEAR

FALL 20 ☐☐		
Course	Title	Hour(s)
	Total Hours	

SPRING 20 ☐☐		
Course	Title	Hour(s)
	Total Hours	

SUMMER 20 ☐☐		
Course	Title	Hour(s)
	Total Hours	

ADDITIONAL NOTES

The student should continuously monitor this plan and consult with an academic advisor concerning changes, updates, etc. This plan does not take the place of ongoing, mandatory academic advising sessions.

Student Signature **Date** **Advisor Signature** **Date**