

UNCG Graduation Plan

Name: _____ ID #: _____

Email: _____ Phone #: _____ GPA: _____

Major: _____ Anticipated Graduation Date: _____

| Fall _____ | | | Spring _____ | | | Summer _____ | | |
|------------------|------|-------|--------------|-----|------|--------------|-----|------|
| Course | GEC* | S.H.* | Course | GEC | S.H. | Course | GEC | S.H. |
| EXAMPLE: ENG 104 | GLT | 3 | HIS 212 | WI | 3 | (Session 1) | | |
| | | | | | | (Session 1) | | |
| | | | | | | (Session 1) | | |
| | | | | | | (Session 2) | | |
| | | | | | | (Session 2) | | |
| | | | | | | (Session 2) | | |

Total _____

Total _____

Total _____

| Fall _____ | | | Spring _____ | | | Summer _____ | | |
|------------|-----|------|--------------|-----|------|--------------|-----|------|
| Course | GEC | S.H. | Course | GEC | S.H. | Course | GEC | S.H. |
| | | | | | | (Session 1) | | |
| | | | | | | (Session 1) | | |
| | | | | | | (Session 1) | | |
| | | | | | | (Session 2) | | |
| | | | | | | (Session 2) | | |
| | | | | | | (Session 2) | | |

Total _____

Total _____

Total _____

| Fall _____ | | | Spring _____ | | | Summer _____ | | |
|------------|-----|------|--------------|-----|------|--------------|-----|------|
| Course | GEC | S.H. | Course | GEC | S.H. | Course | GEC | S.H. |
| | | | | | | (Session 1) | | |
| | | | | | | (Session 1) | | |
| | | | | | | (Session 1) | | |
| | | | | | | (Session 2) | | |
| | | | | | | (Session 2) | | |
| | | | | | | (Session 2) | | |

Total _____

Total _____

Total _____

| Fall _____ | | | Spring _____ | | | Summer _____ | | |
|------------|-----|------|--------------|-----|------|--------------|-----|------|
| Course | GEC | S.H. | Course | GEC | S.H. | Course | GEC | S.H. |
| | | | | | | (Session 1) | | |
| | | | | | | (Session 1) | | |
| | | | | | | (Session 1) | | |
| | | | | | | (Session 2) | | |
| | | | | | | (Session 2) | | |
| | | | | | | (Session 2) | | |

Total _____

Total _____

Total _____

*GEC=general education categories *S.H.=semester hours

Comments: _____

Student Signature _____

Advisor Approval _____

Print Name

Signature

Department

Date