

## Graduation Plan and Agreement

This Agreement is not final until reviewed by the Undergraduate Offices, approved by the Associate Dean, and emailed back to you, the student. Should you take classes other than what is agreed to on this document, your graduation may be delayed.

Name				Student ID			
Cell Phone Number				Personal Email			
Major(s)				Minor(s)			
	or MKTG a	and MOL))		Concentration(s)			
Gradaution Term:	May	August Decembe	er (which	one) and Year:			_
Current Term:		Next Term:		Following Term:		Following Term:	
Courses	Hours	Courses	Hours	Courses	Hours	Courses	Hours
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Student Signature_					_ Date		
Advisor Notes							
Zimpleman Advisor Signature					_ Date		
For Reviewer Purposes	-						
Date Prepared for Revi			Degree Ev	Eval Number used		GPA: Meets Does No	t Meet
Items to be address	sed:						
Reviewer Signature	20				Date		
Associate Dean Signature					Date		