

**OWENS COMMUNITY COLLEGE ACADEMIC PLANNING WORKSHEET**

Name: \_\_\_\_\_ OCID # \_\_\_\_\_

Catalog: \_\_\_\_\_ Advisor: \_\_\_\_\_ Major: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_@student.owens.edu

Please fill out your proposed schedule for next semester with the course number and credit hours. This will enable your advisor to better assist you concerning any questions you may have. Your program requirements are those found in your college catalog of record.

Courses Completed _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<b>Spring 20</b> __	<b>Summer 20</b> __	<b>Fall 20</b> __	<b>Spring 20</b> __
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**Notes:**  
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Advisor: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_ Activity: \_\_\_\_\_  
 Advisor: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_ Activity: \_\_\_\_\_  
 Advisor: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_ Activity: \_\_\_\_\_

**My signature indicates that I have read and understand the advising recommendations listed above. I accept full responsibility for choosing the appropriate courses to fulfill the degree requirements in my program of study. By registering for classes, I agree to be financially and academically responsible for my course work. I understand that if I decide not to attend this semester, it is my responsibility to drop my classes.**

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_  
**Date**

**Student has copy (yes or no)**

**Comments or questions for advisor:** \_\_\_\_\_