

Student Name: _____

Student Number: _____

Date: _____

Program Plan (Start Date: January)

Select the boxes under the applicable term and year that you plan to complete the given course. Extra rows are left at the end of this table to allow you to fill in any optional elective courses you plan to complete in the program. The *Notes* section at the bottom of the page is optional and can be used for program planning notes.

		Jan-Apr 20__	May-June 20__	July-Aug 20__	Sept-Dec 20__	Jan-Apr 20__	May-June 20__	July-Aug 20__	Sept-Dec 20__	
		Month 1-4	Month 5-6	Month 7-8	Month 9-12	Month 13-16	Month 17-18	Month 19-20	Month 21-24	
Foundation Level	Course	Exempt								
	BUSI 291									
	BUSI 293									
	BUSI 294									
	BUSI 295									
	BUSI 335									
	BUSI 370									
BUSI 393										
Senior Level	BUSI 353									
	BUSI 354									
	BUSI 355									
	BUSI 414									
	BUSI 450									
	BUSI 453									
	BUSI 455									
BUSI 493										

Notes: