

Student Name: _____

Student Number: _____

Date: _____

Program Plan (Start Date: September)

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.

		Sept-Dec 20__	Jan-Apr 20__	May-June 20__	July-Aug 20__	Sept-Dec 20__	Jan-Apr 20__	May-June 20__	July-Aug 20__		
		Course	Exempt	Month 1-4	Month 5-8	Month 9-10	Month 11-12	Month 13-16	Month 17-20	Month 21-22	Month 23-24
Foundation Level	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: