

Student Name: _____

Date: _____

**Bachelor of Science Degree Course Flow
Semester Planning Worksheet**

Last Update: 4/22/2010

Summer

Monday/Wednesday							Tuesday/Thursday						
Subj	Course #	Course Title	CRN #	Hrs	Time(s)	Loc	Subj	Course #	Course Title	CRN #	Hrs	Time(s)	Loc
Total Semester Credit Hours					Total Semester Credit Hours								

Friday							Weekend						
Subj	Course #	Course Title	CRN #	Hrs	Time(s)	Loc	Subj	Course #	Course Title	CRN #	Hrs	Time(s)	Loc
Total Semester Credit Hours					Total Semester Credit Hours								

