

HO-CHUNK NATION ACADEMIC PLAN



Name: _____ Tribal ID# _____

School attending: _____ Degree Program: _____

Previous credits earned _____
Required credits remaining for Degree _____
Required CGPA for Program _____

Credits required for Program _____
Expected Graduation Date _____

Attach your College/University degree audit worksheet.

The Academic Plan is designed to ensure students are aware of the degree requirements to complete their program. List below the courses you anticipate taking each academic term. Indicate a minimum of two terms. If the required course work is remedial, developmental, repeat, fast-track, or accelerated, please indicate next to the class listing. Also, indicate if any of your classes overlap terms.

FALL 20_____:

Course Number and Name of Course Credits

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

SPRING 20_____:

Course Number and Name of Course Credits

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

WINTERIM 20_____:

Course Number and Name of Course Credits

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

SUMMER 20_____:

Course Number and Name of Course Credits

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Student Signature: _____ Date: _____

Your adviser must sign this form to verify that your academic plan is recommended for your degree.

Academic Adviser Signature: _____ Date: _____

