

Today's Date: _____

ILLINOIS STATE UNIVERSITY
Faculty Colleague Plan of Study

Name _____

UID Number _____

Local Address _____

Local Phone _____

Home Address _____

Home Phone _____

E-mail Address _____

Catalog: _____

Anticipated Semester and Year of Graduation: _____

Major-1: _____

Sequence-1: _____

Degree: _____ B.A. _____ B.S. _____ B.S. in Ed. _____ B.S.N.
 _____ B.F.A. _____ B.M. _____ B.M.E.

Major-2: _____

Sequence-2: _____

Degree: _____ B.A. _____ B.S. _____ B.S. in Ed. _____ B.S.N.
 _____ B.F.A. _____ B.M. _____ B.M.E.

Minor-1: _____

Sequence for minor-1: _____

Minor-2: _____

Sequence for minor-2 _____

Student's Signature _____

Signature

Date _____

Faculty Colleague _____

Signature

Date _____

Print

Faculty Colleague _____

Signature

Date _____

Print

Honors Signature _____

Signature

Date _____