



# 4 YEAR PLAN: FALL SEMESTER OCS PROGRAM COURSES

Student Name \_\_\_\_\_

FALL SEMESTER Depart/Course # - Credits - Course Title	SPRING SEMESTER Depart/Course # - Credits - Course Title
<b>1<sup>st</sup> Semester</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	<b>2<sup>nd</sup> Semester</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
<b>3<sup>rd</sup> Semester</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	<b>4<sup>th</sup> Semester</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
<b>5<sup>th</sup> Semester</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	<b>6<sup>th</sup> Semester</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
<b>7<sup>th</sup> Semester</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	<b>8<sup>th</sup> Semester</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
<b>DECLARED: ACADEMIC ADVISER(S) SIGN &amp; DATE BELOW</b>	<b>UNDECLARED: CURRENT ADVISER &amp; INTENDED MAJOR PROF SIGN/DATE</b>

PROPOSED COURSES: SPRING SEMESTER OFF CAMPUS STUDY

Student Name \_\_\_\_\_

Program \_\_\_\_\_

COURSE TITLE	SEMESTER CREDITS	ADVISER'S SIGNATURE INDICATES CREDIT TOWARDS MAJOR OR CONCENTRATION

**Academic Adviser:** Your signature below indicates your approval of the OCS courses listed for spring semester of the next academic year. If a course is being approved in advance for credit towards the major or concentration, a second signature next to the course is required. If the student has not declared a major or concentration, this second signature must be provided by a faculty member in the intended major department or concentration. Courses that are not approved for major or concentration credit will be counted as general credit towards graduation.\*

**Adviser Printed Name:** \_\_\_\_\_ **Adviser Signature:** \_\_\_\_\_

*\*Departments and Concentrations determine their own policies for approving credit from off-campus study programs to count towards the major or concentration. Credit approval is determined on a course-by-course basis and may be granted in advance, on the basis of the course description and syllabus, or determined after the program is completed, based on course materials and academic work submitted by the student.  
NOTE: Courses without signatures transfer as general credit according to College transfer credit policy.*

# 4 YEAR PLAN: SPRING SEMESTER OCS PROGRAM COURSES

Name \_\_\_\_\_

<b>FALL SEMESTER</b> Depart/Course # - Credits - Course Title	<b>SPRING SEMESTER</b> Depart/Course # - Credits Course Title
<b>1<sup>st</sup> Semester</b>  1. _____ 2. _____ 3. _____ 4. _____ 5. _____	<b>2<sup>nd</sup> Semester</b>  1. _____ 2. _____ 3. _____ 4. _____ 5. _____
<b>3<sup>rd</sup> Semester</b>  1. _____ 2. _____ 3. _____ 4. _____ 5. _____	<b>4<sup>th</sup> Semester</b>  1. _____ 2. _____ 3. _____ 4. _____ 5. _____
<b>5<sup>th</sup> Semester</b>  1. _____ 2. _____ 3. _____ 4. _____ 5. _____	<b>6<sup>th</sup> Semester</b>  1. _____ 2. _____ 3. _____ 4. _____ 5. _____
<b>7<sup>th</sup> Semester</b>  1. _____ 2. _____ 3. _____ 4. _____ 5. _____	<b>8<sup>th</sup> Semester</b>  1. _____ 2. _____ 3. _____ 4. _____ 5. _____
DECLARED: ACADEMIC ADVISER(S) SIGN & DATE BELOW	UNDECLARED: CURRENT ADVISER & INTENDED MAJOR PROF SIGN/DATE