PELLISSIPPI STATE COMMUNITY COLLEGE
SEMESTER ACADEMIC PLAN

Name _____

Student ID_____

Major _____

Advisor's Name _____

Probable Term of Graduation: F Sp Su Year _____

Semesters

1. Fall Semester_____

Course Number	Course Name	Credit Hours

2. Spring Semester_____

Course Number	Course Name	Credit Hours

3. Summer Term_____

Course Number	Course Name	Credit Hours

4. Fall Semester_____

Course Number	Course Name	Credit Hours

5. Spring Semester_____

Course Number	Course Name	Credit Hours

6. Summer Term_____

Course Number	Course Name	Credit Hours