

Academic Plan									
Date: Most Recent Completed Semester:									
Student Name:			Start Teri	Start Term: Degree:					
University:			Major:	Major:					
Total Credits Required:			Credits Ea	Credits Earned to Date:					
Credits remaining:			Expected	<b>Expected Graduation Date:</b>					
Last Semester GPA:			Cumulati	Cumulative GPA (CGPA):					
Note: Please attach the latest transcript									
Please fill the table below as follows:									
<ul> <li>If you are currently studying indicate the number of credits you plan to take each semester until your completion date</li> </ul>									
<ul> <li>If you are working as part of a Co-op or Internship Program, please insert</li> </ul>									
			ated semeste	r. If it is a paid	program, please				
indicate in remarks.									
Year	Spring (Jan - April)	Summer 1 (May - June)	Summer 2 (July - Aug)	Fall (Sept - Dec)	Remarks				
	, ,	, ,	7 07	, ,					
	<u> </u>		<u> </u>						

## **Acknowledgement**

I hereby acknowledge that my academic completion date and the above plan were prepared in coordination with my university supervisor and up to date. Any revision to the Academic Completion Date will require HF approval.

Signature:		
Date:		