

## **DEGREE COMPLETION PLAN**

Describe which courses you will take to ensure you will be able to complete your degree in the appropriate amount of time. Take this form with you and discuss your plan with your academic advisor. Once they confirm that your plan is feasible and comprehensive, please have them sign at the bottom. Email this completed and signed form to enrollmgt@uncc.edu.

Student Name:		Student ID:	
Major:		_ Degree:	
Total No. of Credits needed to Graduate:		Expected Grac	luation Date:
	Il Courses (currently registered) st Course Prefix & Code (ex: ECON 4200)		umber of Credits:
	pring Courses (planned) ist Course Prefix & Code (ex: ECON 4200)	N	umber of Credits:
I certify that I hav	ve discussed my degree completion plan	with my advisor a	and original signatures have bee
Student Signature	:		Date:
Advisor Signature	:		Date:
Advisor Name (Pri	inted):		