

STUDENT ACADEMIC PLAN

Danville Area Community College

Date Plan Created/Modified:

Student Name:	Phone #:	Advisor Information:
ID Number:	Email:	Name:
Major/Program of Study:		Phone #:
Completion Term:	Transfer Plan:	Email:

Fall Term: _____		Spring Term: _____		Summer Term: _____		Plan Notes
Course	Credits	Course	Credits	Course	Credits	
Fall Term: _____		Spring Term: _____		Summer Term: _____		Plan Notes
Course	Credits	Course	Credits	Course	Credits	

Student Signature: _____

Advisor Signature: _____

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Student Name: _____

Fall Term: _____		Spring Term: _____		Summer Term: _____		Plan Notes
Course	Credits	Course	Credits	Course	Credits	

Fall Term: _____		Spring Term: _____		Summer Term: _____		Plan Notes
Course	Credits	Course	Credits	Course	Credits	

Miscellaneous Notes:

Student Signature: _____

Advisor Signature: _____