



Degree Completion Plan Worksheet

Name: _____ ID# _____ Degree (Emphasis/concentration) _____

- Total Number of Face-to-Face Residential Hours as of current semester _____
- _____ Year Time Limit Expires _____
- My degree requires _____ hours toward the Face-to-Face Residential Requirement. **F2F= Face-to-Face**

Fall _____ (Aug – Dec)

Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Winter _____ (Last week Dec – 1st week Jan)

Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Spring _____ (Jan – May)

Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Summer _____ (May – Aug)

Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Fall _____ (Aug – Dec)

Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Winter _____ (Last week Dec – 1st week Jan)

Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Spring _____ (Jan – May)

Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Summer _____ (May – Aug)

Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Total Face-to-Face Residential Hours _____



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Fall _____ (Aug – Dec)		
Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Winter _____ (Last week Dec – 1 st week Jan)		
Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Spring _____ (Jan – May)		
Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Summer _____ (May – Aug)		
Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Fall _____ (Aug – Dec)		
Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Winter _____ (Last week Dec – 1 st week Jan)		
Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Spring _____ (Jan – May)		
Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Summer _____ (May – Aug)		
Course Number / Title	Hrs	F2F

Total Hrs _____ & F2F _____

Total Face-to-Face Residential Hours _____