SAAOT Associate Completion Plan

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Goal (degree or diploma name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Course #** | **Course Title** | **Credit Hours** |
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Total Credit Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Course #** | **Course Title** | **Credit Hours** |
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Total Credit Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Course #** | **Course Title** | **Credit Hours** |
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Total Credit Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Course #** | **Course Title** | **Credit Hours** |
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Total Credit Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_   
Academic Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_