



**ANTICIPATED YEARS TO GRADUATION**      2      3      4      5

Student Development & Enrollment Services revised

Name \_\_\_\_\_ UCFID \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ @knights.ucf.edu \_\_\_\_\_ Phone Number \_\_\_\_\_ Math Placement \_\_\_\_\_

Prefix & Number	Academic Purpose	Course Name	Credits
UCF 1101	Elective	UCF Sample Course	3

Prefix & Number	Academic Purpose	Course Name	Credits

Prefix & Number	Academic Purpose	Course Name	Credits

**TARGET OF 30 CREDIT HOURS COMPLETED BY CONCLUSION OF FIRST ACADEMIC YEAR**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

