

NAME

DATE

E-MAIL

PHONE

ADDRESS

SU ID #

DEGREE

ANTICIPATED GRADUATION DATE

REQUIRED COURSES (6 CREDITS)

1. TITLE

INSTRUCTOR

COURSE #

SEMESTER

2. TITLE

INSTRUCTOR

COURSE #

SEMESTER

ELECTIVE COURSES (9 CREDITS)

1. TITLE

INSTRUCTOR

COURSE #

SEMESTER

2. TITLE

INSTRUCTOR

COURSE #

SEMESTER

3. TITLE

INSTRUCTOR

COURSE #

SEMESTER

WRITING
REQUIREMENT

CAPSTONE
PROJECT

APPROVAL

DIRECTOR

DATE