

Academic Plan

Name _____

Student ID _____

Current Term _____

College _____

Major _____

Concentration _____



_____ Semester 20_____

Department	Course Number	Credit Hour

_____ Semester 20_____

Department	Course Number	Credit Hour

_____ Semester 20_____

Department	Course Number	Credit Hour

_____ Semester 20_____

Department	Course Number	Credit Hour

Have you considered....

- ◇ **Engineering Professional Practice**
110 Perkins Hall
865-974-5323
<http://www.coop.utk.edu>
- ◇ **Center for Career Development**
Student Union Level 2
865-974-5435
<http://www.career.utk.edu>
- ◇ **Study Abroad Opportunities**
1620 Melrose Hall
865-974-3177

Comments

Advisors Signature _____ **Student's Signature** _____ **Date** _____