



STRAYER
UNIVERSITY

Personal Education Plan

_____ Campus, Strayer University

Name _____ Id. Num. _____ - _____ - _____

Degree Program _____ Major _____

Day Phone Num. _____ Evening Phone Num. _____

Email Address _____

Note: Provide the six digit course identification (ex. CIS105) **and** check if you intend to take the course on "Campus" or "On-Line". **Courses you plan to schedule with Strayer University:**

2006											
Winter			Spring			Summer			Fall		
Class Id. #	Campus	On-Line	Class Id. #	Campus	On-Line	Class Id. #	Campus	On-Line	Class Id. #	Campus	On-Line

2007											
Winter			Spring			Summer			Fall		
Class Id. #	Campus	On-Line	Class Id. #	Campus	On-Line	Class Id. #	Campus	On-Line	Class Id. #	Campus	On-Line

2008											
Winter			Spring			Summer			Fall		
Class Id. #	Campus	On-Line	Class Id. #	Campus	On-Line	Class Id. #	Campus	On-Line	Class Id. #	Campus	On-Line

2009											
Winter			Spring			Summer			Fall		
Class Id. #	Campus	On-Line	Class Id. #	Campus	On-Line	Class Id. #	Campus	On-Line	Class Id. #	Campus	On-Line

Comments: _____

Advisor Signature _____ Date ____/____/____

PLEASE RETURN THE COMPLETED FORM TO THE ACADEMIC OFFICE

An academic advisor will contact you to review your plan. –Thank you.