

Personal Education Plan ____Campus, Strayer University

Name			Id. Num									
Degree Prog	ıram		Major									
			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:												
NA 11			O-sile-	06			Fall					
Winter Class Id. #	Cam- pus	On- Line	Spring Class Id. #	Cam- pus	On- Line	Summe Class Id. #	Cam- pus	On-	Fall Class Id. #	Cam- pus	On- Line	
	pus	Line		pus	Line		pus	Line		pus	Line	
2007												
Winter Class Id. #	Cam-	On-	Spring Class Id. #	Cam-	On-	Summe Class Id. #	Cam-	On-	Fall Class Id. #	Cam-	On-	
Oldoo Id. #	pus	Line	Olass Id. #	pus	Line	Class Id. #	pus	Line	Class Id. #	pus	Line	
2008												
Winter Class Id # Cam- On-		Spring		On-	Summer			Fall Class Id # Cam- On-				
Class Id. #	pus	Line	Class Id. #	pus	Line	Class Id. #	pus	Line	Class Id. #	pus	Line	
2009												
Winter Cam- On-			Spring			Summer			Fall Class Id. # Cam- On-			
Class Id. #	pus	Line	Class Id. #	pus	Line	Class Id. #	pus	Line	Class Id. #	pus	Line	
Commente:												
Comments:												
Advisor Circusture												
Advisor SignatureDate _/ PLEASE RETURN THE COMPLETED FORM TO THE ACADEMIC OFFICE												

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