

UNIVERSITY SCHOLARS PROGRAM ACADEMIC PLAN CONTRACT

Name _____ CSU ID _____

Major(s) _____ Minor(s) _____

Anticipated Graduation Term _____

Faculty Advisor(s) _____

Please note: Indicate all upper division coursework. Attach additional sheets if necessary.

UNIVERSITY SCHOLARS UPPER DIVISION COURSEWORK

<i>Fall Semester</i>	Year ____	<i>Spring Semester</i>	Year ____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<i>Fall Semester</i>	Year ____	<i>Spring Semester</i>	Year ____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree that the above information is correct, and I understand that I cannot graduate from the University Scholars Program without completing the Upper Division Requirements for the Scholars Program while maintaining a 3.25 Cumulative GPA.

Student Signature

Date

Faculty Advisor Signature

Date

****For Scholars Program Office Use Only****

The above student has completed the necessary requirements for graduation from the University Scholars Program.

Director of Honors Program

Date

Faculty Advisor Copy _____

Student Copy _____