Pueblo of Isleta
DEGREE PLAN

NAME _____ STUDENT ID# _____ MAJOR _____

GRADUATING SEMESTER _____ ACADEMIC ADVISOR: _____ SIGNATURE: _____ DATE _____

Notes: _____

Credit hours required for degree _____

Semester 1	Credits
TOTAL	

Semester 2	Credits
TOTAL	

Semester 3	Credits
TOTAL	

Semester 4	Credits
TOTAL	

Semester 5	Credits
TOTAL	

Semester 6	Credits
TOTAL	

Semester 7	Credits
TOTAL	

Semester 8	Credits
TOTAL	

Semester 9	Credits
TOTAL	

Semester 10	Credits
TOTAL	

Semester 11	Credits
TOTAL	

Semester 12	Credits
TOTAL	