Program Planning Form

4-YEAR PROGRAM PLAN

Beginning with the current term indicate all courses you plan to take, including those needed to complete major(s), college, and University requirements. Please note that this plan is tentative and may change based on course availability, advising, academic progress, or changes in student goals.

FALL __	UNITS	SPRING __	UNITS	SUMMER __	UNITS
Total Units		Total Units		Total Units	

FALL __	UNITS	SPRING __	UNITS	SUMMER __	UNITS
Total Units		Total Units		Total Units	

FALL __	UNITS	SPRING __	UNITS	SUMMER __	UNITS
Total Units		Total Units		Total Units	

FALL __	UNITS	SPRING __	UNITS	SUMMER __	UNITS
Total Units		Total Units		Total Units	

Student Name: _____ SID: _____ Student Signature: _____

Academic Advisor Name: _____ Academic Advisor Signature: _____

UC Berkeley Haas