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| --- | --- |
| Student Name: |  |
| Discipline: |  |

Courses you definitely want to include:

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| Course | Title | Cr | Status | Pre-/Co-requisite(s) |
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For courses listed above:

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| --- | --- |
| Total Credits: |  |
| Upper-level Credits: |  |
| Credits Remaining: |  |

Possible elective or alternative courses:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course | Title | Cr | Status | Pre-/Co-requisite(s) |
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