

# CASA

College of Arts & Sciences Advisement  
(254) 710-1524

## Graduation Planner

Name \_\_\_\_\_

Total Hours \_\_\_\_\_

Major \_\_\_\_\_

Date \_\_\_\_\_

Minor \_\_\_\_\_

BU ID \_\_\_\_\_

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Comments:

I understand that this graduation plan depends upon my academic performance, the availability of courses within each semester, and following the advice given by CASA. I also understand that it is my responsibility to monitor this planner along with my degree audit every semester.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Advisor Signature