

# Oregon Coast Community College ACADEMIC PLANNER



OREGON COAST  
COMMUNITY COLLEGE

Student Name \_\_\_\_\_

Major/Degree \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Fall _____	Winter _____	Spring _____	Summer _____
<b>Credit Totals</b>	<b>Credit Totals</b>	<b>Credit Totals</b>	<b>Credit Totals</b>

Fall _____	Winter _____	Spring _____	Summer _____
<b>Credit Totals</b>	<b>Credit Totals</b>	<b>Credit Totals</b>	<b>Credit Totals</b>

Fall _____	Winter _____	Spring _____	Summer _____
<b>Credit Totals</b>	<b>Credit Totals</b>	<b>Credit Totals</b>	<b>Credit Totals</b>