

OREGON COAST COMMUNITY COLLEGE

Academic planner

Student Name _____

Major/Degree _____

Student Signature _____

Date _____

Advisor Signature _____

Date _____

Fall _____

Winter _____

Spring _____

Summer _____

Credit Totals	Credit Totals	Credit Totals	Credit Totals

Fall _____

Winter _____

Spring _____

Summer _____

Credit Totals	Credit Totals	Credit Totals	Credit Totals

Fall _____

Winter _____

Spring _____

Summer _____

Credit Totals	Credit Totals	Credit Totals	Credit Totals