

ST. JOHN FISHER COLLEGE
Tentative Long Range Plan - Undergraduate

Name _____

Degree: AS____ AA____ AAS____ BA/BS____

ID @ _____

Anticipated: Yes No # of Credits Transferred _____

SJFC Major _____

Program _____

SJFC Minor/Concentration _____

Cum GPA _____ Dated (as of) _____

Scheduler _____ Date _____

College _____

Note: This tentative plan should be reviewed/revised each semester with your academic advisor, based on the most current official Transfer Credit Evaluation (TCE).

Fall _____	Spring _____	Summer _____
Fall _____	Spring _____	Summer _____
Fall _____	Spring _____	Summer _____
Fall _____	Spring _____	Summer _____