



DEGREE IN THREE PROGRAM OF STUDY FORM

Total credits earned prior to this term _____

Name: _____

Major (s) _____

FSUID: _____

Minor (s) _____

Date: _____

FALL TERM		YEAR: _____	SPRING TERM		YEAR: _____	SUMMER TERM		YEAR: _____
Course Number	Credit Hours		Course Number	Credit Hours		Course Number	Credit Hours	
Total Hours for Term:			Total Hours for Term:			Total Hours for Term:		

FALL TERM		YEAR: _____	SPRING TERM		YEAR: _____	SUMMER TERM		YEAR: _____
Course Number	Credit Hours		Course Number	Credit Hours		Course Number	Credit Hours	
Total Hours for Term:			Total Hours for Term:			Total Hours for Term:		

FALL TERM		YEAR: _____	SPRING TERM		YEAR: _____	SUMMER TERM		YEAR: _____
Course Number	Credit Hours		Course Number	Credit Hours		Course Number	Credit Hours	
Total Hours for Term:			Total Hours for Term:			Total Hours for Term:		

Academic Major/Department Advisor Signature _____ date _____

If applicable, Second Major Advisor Signature _____ date _____

Degree in Three Student Signature _____ date _____

*Specific curriculum is subject to change.

You should continue to meet with your advisor to ensure timely completion of requirements.

Program of Study is a guide and not a guarantee that you will complete the Degree in Three program.

