



**UTICA
COLLEGE**

Plan of Prerequisite Coursework Completion

Student Name _____

(Circle one) Spring Summer * Fall (Year)

Course Number	Course name	School	Credit Hrs (Inc labs)

(Circle one) Spring Summer* Fall (Year)

Course Number	Course name	School	Credit Hrs (Inc labs)

(Circle one) Spring Summer* Fall (Year)

Course Number	Course name	School	Credit Hrs (Inc labs)

Student signature _____ Date _____

*Need to have all coursework done by July 15 for a Fall start
(1st summer session at most schools)