

Department of Geosciences
Student Schedule to Complete Upper Division Form Requirements

Student Name: _____ Grad. Date (from Intent to Graduate form): _____

Semester: _____

Semester: _____

Courses	Cr. Hrs.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Cr. Hrs.	_____

Courses	Cr. Hrs
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Cr. Hrs.	_____

Semester: _____

Semester: _____

Courses	Cr. Hrs.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Cr. Hrs.	_____

Courses	Cr. Hrs
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Cr. Hrs.	_____