

Student Name: _____

Student ID: _____

Long-Term Plan of Courses



EDUCATION
GPS LifePlan

Education Goal: _____ Counselor: _____

Date: _____ Notes: _____

SEMESTER	FALL	YEAR-20__	SEMESTER	SPRING	YEAR-20__	SEMESTER	SUMMER	YEAR-20__
Course Name	Course Number	Credits	Course Name	Course Number	Credits	Course Name	Course Number	Credits
TOTAL CREDITS			TOTAL CREDITS			TOTAL CREDITS		
SEMESTER	FALL	YEAR-20__	SEMESTER	SPRING	YEAR-20__	SEMESTER	SUMMER	YEAR-20__
Course Name	Course Number	Credits	Course Name	Course Number	Credits	Course Name	Course Number	Credits
TOTAL CREDITS			TOTAL CREDITS			TOTAL CREDITS		
SEMESTER	FALL	YEAR-20__	SEMESTER	SPRING	YEAR-20__	SEMESTER	SUMMER	YEAR-20__
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TOTAL CREDITS			TOTAL CREDITS			TOTAL CREDITS		