**SACM Degree Plan Form for Graduate Students**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Concentration: (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advisor Must Complete:**

Degree Completion Date (this must be as accurate as possible, mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many credits are required to complete the program \_\_\_\_\_\_\_\_\_\_\_

How many foundation credits are required for this student (if none, please indicate)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many of the credits has the student already completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many credits is the student currently enrolled in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many credits are remaining for graduation? \_\_\_\_\_\_\_\_\_\_\_\_

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| **Semester:** | Credits | **Semester:** | Credits |
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| **Semester:** |  | **Semester:** |  |
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| **Semester:** |  | **Semester:** |  |
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Academic Advisor Name (Print) Academic Advisor Signature Date

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Student Name (Print) Student Signature Date

**Adviser, please email completed form to SACM adviser Waled Almashraqi at walmashraqi@sacm.org and copy ISS Director Kandy Turner at kkturner@widener.edu**