



PROGRAM EVALUATION FORM

STUDENT'S NAME: _____

SCC ID NUMBER: _____

PROGRAM of STUDY: _____

ANTICIPATED GRADUATION DATE: _____

(MM/00/YYYY)

The courses listed below are the remaining courses required to complete Program of Study listed above. (COMPLETE A SEPARATE FORM FOR EACH PROGRAM)

<u>COURSE NAME</u>	<u>CREDIT HOURS</u>	<u>COURSE NAME</u>	<u>CREDIT HOURS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Credit Hours required for graduation: _____

Student's Signature Date

Advisor's Signature Date

Advisor's Title Advisor's SCC Phone Number