

SUNY POTSDAM SECOND DEGREE EDUCATIONAL PLAN

Name: _____ ID/SS#: _____

Previous Degree: _____ Date: _____

Proposed Second Degree and Major: _____

Proposed Date of Completion: _____

Reason for Second Degree/Career Goal: _____

Second Degree Advisor: _____

I have reviewed the requirements necessary to complete the Second Degree, listed below, with the student.

Advisor's Signature: _____ Date: _____

Registrar's Notes: _____

Registrar's Signature: _____ Date: _____

Requirements to Complete the Second Degree

MAJOR REQUIREMENTS:

GENERAL EDUCATION REQUIREMENTS:

OTHER REQUIREMENTS (please specify):

SEMESTER EDUCATIONAL PLAN

Name: _____ Date: _____

Semester: _____

Course	Credits	Requirement Filled (Major, etc.)

Total Credits _____

Semester: _____

Course	Credits	Requirement Filled (Major, etc.)

Total Credits _____

Semester: _____

Course	Credits	Requirement Filled (Major, etc.)

Total Credits _____

Semester: _____

Course	Credits	Requirement Filled (Major, etc.)

Total Credits _____

If your academic plan changes, please contact Marion Bradish in the Registrar's Office, bradisme@potdam.edu.