

SAAOT Associate Completion Plan

Student Name: _____

Goal (degree or diploma name): _____

Course #	Course Title	Credit Hours

Total Credit Hours _____

Course #	Course Title	Credit Hours

Total Credit Hours _____

Course #	Course Title	Credit Hours

Total Credit Hours _____

Course #	Course Title	Credit Hours

Total Credit Hours _____

Anticipated Graduation Date: _____

Academic Advisor Signature: _____ Date: _____

Advisor Email: _____ Phone #: _____