

LSM Academic Plan

Recommended Path to Graduation

Name _____	College _____	Date _____
ID# _____	Major _____	<i>Probable Term of Graduation</i> F_____Sp_____Sum_____20_____

Fall/Spring Sophomore or Fall Junior		
Dept. Name	Course #	Hrs.
ELPS	201	3

Spring Sophomore or Fall/Spring Junior		
Dept. Name	Course #	Hrs.
ELPS	350	2

Spring Sophomore or Fall/Spring Junior		
Dept. Name	Course #	Hrs.
ELPS	351	2*

Fall Senior		
Dept. Name	Course #	Hrs.

Last Senior Semester		
Dept. Name	Course #	Hrs.
ELPS	451	1
ELPS	452	1**

Any Semester		
Dept. Name	Course #	Hrs.
Elective(s)		3

Dept. Name	Course #	Hrs.

Faculty-Directed Capstone If Proposed		
Dept. Name	Course #	Hrs.

Adviser's Signature _____

Student's Signature _____ Date _____

* One credit hour if completing a course with a Faculty-Directed Capstone project.

** ELPS 452 not required if completing a course with a Faculty-Directed Capstone.