

**Winthrop University  
Department of Human Nutrition**

**Proposed Plan of Study for:** \_\_\_\_\_

(Name)

(Student ID)

Expected graduation Date: \_\_\_\_\_

***NOTE: Please be sure that the courses you list are offered in the semester that you choose them AND that you will have successfully completed (C or better) all prerequisites for these courses PRIOR to the semester in which you will take them. Refer to your undergraduate/graduate catalog for additional information on course offerings. Some courses are offered only one semester per academic year. Use your degree evaluation to determine which requirements you still have left to complete. Your Degree Works evaluation can be found online through WINGSPAN.***

**Semester:** \_\_\_\_\_

**I plan to register for:**

Class:	CRN	Credit Hours	Day and Time
<b>Alternative class:</b>			

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Plan Ahead

Semester: \_\_\_\_\_

I plan to register for:

Class:	CRN	Credit Hours	Day and Time
<b>Alternative class:</b>			