

# MAP: My Academic Plan

Name: \_\_\_\_\_

Catalog Year: \_\_\_\_\_

RCCC Academic Program: \_\_\_\_\_

Plan to Transfer to a 4-yr college? **YES** **NO**

RCCC ID Number: \_\_\_\_\_

Which school? \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

4-year Major? \_\_\_\_\_

YEAR 1			YEAR 2		
Fall _____	Spring _____	Summer _____	Fall _____	Spring _____	Summer _____
Total Term Credits _____	Total Term Credits _____	Total Term Credits _____	Total Term Credits _____	Total Term Credits _____	Total Term Credits _____
YEAR 3			YEAR 4		
Fall _____	Spring _____	Summer _____	Fall _____	Spring _____	Summer _____
Total Term Credits _____	Total Term Credits _____	Total Term Credits _____	Total Term Credits _____	Total Term Credits _____	Total Term Credits _____

**Advisor Comments:**