



Academic Planning Guide (Sophomores and Juniors)

Major(s)/Minor(s) of Interest:	List restrictions for entering the major:

Have you connected with anyone for information regarding major(s) of interest? If so, who?

Name:	Faculty <input type="checkbox"/>	Advisor <input type="checkbox"/>	Other <input type="checkbox"/>
Name:	Faculty <input type="checkbox"/>	Advisor <input type="checkbox"/>	Other <input type="checkbox"/>

Have you done any of the following?

- | | | |
|---|----------------------------|----------------------------|
| 1. Established short-term (3 years) Goals: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 2. Connected with faculty members in the area(s) of interest: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 3. Met with a counselor in Career Services or Ctr. for Counseling & Student Dev.: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 4. Completed a career Inventory or other assessment: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 5. Completed Introductory course to explore an area of interest: | Y <input type="checkbox"/> | N <input type="checkbox"/> |

Please list intended courses for the upcoming **Fall/Winter or Spring/Summer**:

Which of the following opportunities do you plan to participate in to complete your DLE requirement?

Internship	Y <input type="checkbox"/>	N <input type="checkbox"/>	Service Learning	Y <input type="checkbox"/>	N <input type="checkbox"/>
Study Abroad	Y <input type="checkbox"/>	N <input type="checkbox"/>	Undergraduate Research	Y <input type="checkbox"/>	N <input type="checkbox"/>
Take a class	Y <input type="checkbox"/>	N <input type="checkbox"/>	Don't know	Y <input type="checkbox"/>	

If you've identified an opportunity, what steps have you taken to initiate your DLE requirement?

Do you plan to pursue graduate or professional school after graduation? Y N

Please specify:

Have you done any of the following to develop your leadership skills and expand your networks?

- | | | |
|---|----------------------------|----------------------------|
| 1. Joined a Registered Student Organization or Greek Life | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 2. Joined a major related or academic association | Y <input type="checkbox"/> | N <input type="checkbox"/> |

Other:

Please list the clubs/organizations in which you are currently or plan to be involved:

Have you developed a résumé?

Y N

What questions or concerns would you like to discuss during your Academic Advisement Meeting?

1.
2.
3.

What questions or concerns would you like to discuss during your next meeting with your campus Academic Advisor?

1.
2.
3.