

- Program**
 Traditional
 CAPS
 Graduate



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- Anticipated Graduation Semester**
 Fall (*December*)
 Spring (*May*)
 Summer (*August*)
 20 _____

Plan for Final Coursework

NU Student ID# _____ Name _____

Degree: _____ Major: _____

Total credits completed to date _____ (as of _____)

I will be completing coursework as indicated:

	Course Code & Title	Institution or Method of Completion	Anticipated Completion Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Student Signature _____ Date: _____

Advisor Signature _____ Date: _____

Registrar Signature _____ Date: _____

Special Notes: _____

Are you receiving VA Benefits? No Yes - VA Coordinator's Review _____ Date _____