



Degree Planner

BMCC ID # _____ Name: _____
 Date _____
 Academic Year _____ Academic Goal _____

Summer		Fall		Winter		Spring	
Course	Credits	Course	Credits	Course	Credits	Course	Credits
Total		Total		Total		Total	

Academic Year _____

Summer		Fall		Winter		Spring	
Course	Credits	Course	Credits	Course	Credits	Course	Credits
Total		Total		Total		Total	

Advisor (print) _____ Advisor (signature) _____