

# WIA Program of Studies

TO BE COMPLETED BY ADVISOR

Student Name: \_\_\_\_\_  
SSN: \_\_\_\_\_

Degree/Certificate Sought: \_\_\_\_\_  
Expected Completion Date: \_\_\_\_\_

## SEMESTER 1

Fall

Spring

Summer 1

Summer 2

Course Number (not CRN)	Course Title	Credit Hours

## SEMESTER 2

Fall

Spring

Summer 1

Summer 2

Course Number (not CRN)	Course Title	Credit Hours

## SEMESTER 3

Fall

Spring

Summer 1

Summer 2

Course Number (not CRN)	Course Title	Credit Hours

Please indicate any intersession classes.

Advisor, if a student is pursuing an undergraduate degree in education, please certify the student has been accepted into the teacher education program.

\_\_\_\_\_ Date

\_\_\_\_\_ Advisor Signature

WIA will only pay for the last 3 semesters in a degree program or for required classes in a certificate program. WIA will only pay for a summer session if it is part of the final 3 semesters.