

COLLEGE OF HEALTH SCIENCES

Degree Completion Plan

Name: _____

MUID: _____

Date: _____

Major(s): _____

Minor(s): _____

Fall Semester

Year: _____

Spring Semester

Summer:

Fall Semester

Year: _____

Spring Semester

Summer:

Fall Semester

Year: _____

Spring Semester

Summer:

Fall Semester

Year: _____

Spring Semester

Summer:

Minimum of 128 total credits (test credits, transfer credits and MU credits)

Minimum of 60 credits at MU

Minimum of 32 credits upper division classes at MU (3000 level or higher)

Final 30 credits completed at MU (MU approved study abroad is only exception)