

**University of Iowa Student-Athlete Four Semester Course Plan**  
**Student-Athlete Academic Services**  
**115 Gerdin Athletic Learning Center**



*\*This worksheet serves as a planning tool for students and advisors. This is not a permanent plan and can be subject to change to suit the needs of the student's academic plan.*

Name:		Student ID #:	
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Sport:	Semester/Year:
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**Semester** \_\_\_\_\_

Name of Class/ Course #	Credit Hours	Gen Ed <input checked="" type="checkbox"/>	Major <input checked="" type="checkbox"/>	Minor <input checked="" type="checkbox"/>	Elective <input checked="" type="checkbox"/>

Total Semester Hours \_\_\_\_\_

**Semester** \_\_\_\_\_

Name of Class/ Course #	Credit Hours	Gen Ed <input checked="" type="checkbox"/>	Major <input checked="" type="checkbox"/>	Minor <input checked="" type="checkbox"/>	Elective <input checked="" type="checkbox"/>

Total Semester Hours: \_\_\_\_\_

# Semester \_\_\_\_\_

Name of Class/ Course #	Credit Hours	Gen Ed <input checked="" type="checkbox"/>	Major <input checked="" type="checkbox"/>	Minor <input checked="" type="checkbox"/>	Elective <input checked="" type="checkbox"/>

Total Semester Hours: \_\_\_\_\_

# Semester \_\_\_\_\_

Name of Class/ Course #	Credit Hours	Gen Ed <input checked="" type="checkbox"/>	Major <input checked="" type="checkbox"/>	Minor <input checked="" type="checkbox"/>	Elective <input checked="" type="checkbox"/>

Total Semester Hours \_\_\_\_\_

***Understand that dropping courses can have an impact on your degree plan and athletic eligibility. Any dropped courses must first be discussed with your academic coordinator.***

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>FOR ACADEMIC ADVISORS ONLY:</b>	
College Academic Advisor _____	(Phone Number) _____
College Academic Advisor Signature _____	
Major: _____	Minor: _____
Anticipated Graduation Date: _____	