CECOP CURRICULUM PLAN - OSU

Civil Engineering

Name: _____ ***ID:*** _____

Original Date	Student Initials	Advisor Initials

This form must be completed by all CECOP students.

Revision Date	Student Initials	Advisor Initials

* *This form must be filled out in* ***PENCIL***
* It must be updated at least annually or when changes to your planned program are made.
* Course plans must be filed or changes made by the following dates:
  FALL TERM - MARCH 1st ~ WINTER TERM - NOVEMBER 1st ~ SPRING TERM - FEBRUARY 1st
* New CECOP students must file this course plan within the first four weeks of the Fall term you enter the program.
* All CECOP students must be advised before the placement process, for the term after their internship .

FALL TERM 20____		
Dept	No.	Credits
	TOTAL	

WINTER TERM 20____		
Dept	No.	Credits
	TOTAL	

SPRING TERM 20____		
Dept	No.	Credits
CECOP INTERNSHIP		

FALL TERM 20____		
Dept	No.	Credits
	TOTAL	

WINTER TERM 20____		
Dept	No.	Credits
	TOTAL	

SPRING TERM 20____		
Dept	No.	Credits
	TOTAL	

FALL TERM 20____		
Dept	No.	Credits
CECOP INTERNSHIP		

WINTER TERM 20____		
Dept	No.	Credits
	TOTAL	

SPRING TERM 20____		
Dept	No.	Credits
	TOTAL	

FALL TERM 20____		
Dept	No.	Credits
	TOTAL	