



Graduation Date: _____

Major: _____

Advisor's Signature: _____

**By completing this form you agree to follow the curriculum outlined below by you and your advisor.

_____ Term	
Course	Credits

_____ Term	
Course	Credits

_____ Term	
Course	Credits

_____ Term	
Course	Credits

Attach an additional sheet if more space is needed to complete your academic plan of study.

Return to:
Laurie Munson
Financial Aid Office
308 Pioneer Road
Red Wing, MN 55066
laurie.munson@southeastmn.edu

OR

Molly McNall
Financial Aid Office
1250 Homer Rd
Winona, MN 55987
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