



**Education and Career Services Division**

Stockbridge-Munsee Community

P. O. Box 70

W12635 County Rd A

Bowler, Wisconsin 54416

Phone: 715-793-4100

Fax: 715-253-2436



**ACADEMIC DEVELOPMENT PLAN**

Academic Year: \_\_\_\_\_ - \_\_\_\_\_  
 (Please complete after you have registered)

If applicable, Please select: 1/4-TIME: 1-5 credits  1/2-TIME 6-8 credits  3/4-TIME: 9-11 credits  FULL-TIME: 12+ credits

First Name		MI	Last Name	
Declared Major/ Minor	College/University Attending	College/University Address		College/University Phone #
Expected Graduation Date	Please indicate what grade level you will be in for semester checked below: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate/Professional			

**IMPORTANT: COMPLETE ENTIRE NEXT SECTION**

PLEASE CHECK ONE BOX ONLY <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER					
NAME OF COURSE	COURSE NO.	CHECK IF ON-LINE	CREDITS	START DATE	END DATE

List Future Plans \_\_\_\_\_

**PLEASE READ & SIGN**

An Academic Plan must be submitted for each semester/term you plan to attend. The academic plan is to assist you and your advisor with planning and selecting appropriate courses as required for your degree, certificate or diploma. If any changes or revisions occur you must submit an updated plan. Tribal funding will be based on the academic year of October 1<sup>st</sup> to September 30<sup>th</sup>. If you do not satisfactorily complete any of the courses identified in your Academic Plan, you will be required to reimburse the Stockbridge-Munsee Community for the grant funds provided for those courses.

Student's Signature	Date
School Counselor/Advisor Signature	Date
Print Name (Counselor/Advisor)	School Counselor/Advisor Telephone Number