Community Health Program – Educational Plan

ICT Fall _____ Spring_____

Name__________________________________________ UIN________________________ Date________________________

Student Signature: _____________________________ Date: __________________

By signing this plan, student indicates that s/he looked and agreed upon the DARS audit as of this date. Student is still responsible for generating audit and ensuring that all CHLH degree requirements are complete. Due to course seat availability when registering for the next semester’s courses, the plan may need to be modified and does not guarantee degree completion.

**Recommended Courses** to Enroll in for Each Indicated Semester:

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<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
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**General Education Requirements Not Finished**

**Core Requirements**
- CHLH 100____
- CHLH 101____
- CHLH 125 (111)____
- KIN 122 _____
- CHLH 210____
- CHLH 250____
- CHLH 274____
- CHLH 304____
- CHLH 410____
- CHLH 421____
- CHLH 410____
- CHLH 421____
- CHLH 485____

**HE**
- FSHN 120___
- CHLH 243___
- CHLH 200___
- CHLH 206___

**HP&A**
- CHLH 455___
- CHLH 457___
- CHLH 458___

**REHB**
- REHB 330___
- REHB 402___
- REHB 435___

**Six Correlate Classes (18 hours)**

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**Major GPA:** __________ UIUC GPA: __________ Notes: __________________________

Total hours completed as of today: __________________________

Current In-Progress Hours: __________________________

Remaining hours: __________________________

(128 credit hours are required for degree completion)

**Alternate Course Suggestions for FA/SP 20**: __________________________

Pre-Health: __________________________

Anticipated Graduation Date: __________________________

Pre-Health Pre-Req Courses Still Needed: __________________________