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|  | | | | | | **Education Plan** | Date: |
| Name: | | | | | | Student ID: | Total credits earned toward degree: |
| E-mail: | | | | | | Phone: | Computerized Placement Test Results: |
| Degree: | AS-OSU | AAOT | AAS | OTM | Certificate | Hours Worked Per Week: | Math: 20 60 65 95 111 |
| Major: | | | | | | Advisor Phone: | Reading: 90 115 120 |
| Academic Advisor: | | | | | | Advisor Email: | Writing: 90 95 115 121 |

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Comments:

Signature of Academic Advisor who Approved Plan

Revision: 2/28/14