

ACADEMIC PLANNING FORM FOR STUDENTS BEGINNING FALL 2014 ONWARDS

Name: _____	Credential Designation:	Date _____
Student ID: _____	BSc BBA	First term at SFU _____
Email: _____	Other _____	Term Appro ed _____
Ad isor: _____		

1. LOWER DIVISON REQUIREMENTS: Stu !"# \$u#t %&\$' (!t!)((&* t+! *&((&, -".

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T/IS ACADEMIC PLAN IS A GUIDELINE ONLY. PLEASE REFER TO T/E SFU CALENDAR FOR FULL DETAILS.