

ACADEMIC PLANNING FORM FOR STUDENTS BEGINNING FALL 2014 ONWARDS

Name: \_\_\_\_\_ Credential Designation: \_\_\_\_\_ Date \_\_\_\_\_  
 Student ID: \_\_\_\_\_ Applied Sciences BSc First term at SFU \_\_\_\_\_  
 Email: \_\_\_\_\_ Term Approved \_\_\_\_\_  
 Advisor: \_\_\_\_\_

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THIS ACADEMIC PLAN IS A GUIDELINE ONLY. PLEASE REFER TO THE SFU CALENDAR FOR FULL DETAILS.

