

# 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:

<b>Fall</b> _____	<b>Spring</b> _____	<b>Summer</b> _____
<b>Fall</b> _____	<b>Spring</b> _____	<b>Summer</b> _____
<b>Fall</b> _____	<b>Spring</b> _____	<b>Summer</b> _____

## General Education Requirements Not Finished

**Gen Ed Hours Remaining as of today:** \_\_\_\_\_

### Core Requirements

- |                      |                |
|----------------------|----------------|
| CHLH 100 _____       | CHLH 274 _____ |
| CHLH 101 _____       | CHLH 304 _____ |
| CHLH 125 (111) _____ | CHLH 410 _____ |
| CHLH 201 _____       | CHLH 421 _____ |
| KIN 122 _____        | CHLH 380 _____ |
| CHLH 210 _____       | CHLH 485 _____ |
| CHLH 250 _____       |                |

### HE

### HP&A

### REHB

- |                |                |                |
|----------------|----------------|----------------|
| FSHN 120 _____ | CHLH 455 _____ | REHB 330 _____ |
| CHLH 243 _____ | CHLH 457 _____ | REHB 402 _____ |
| CHLH 200 _____ | CHLH 458 _____ | REHB 435 _____ |
| CHLH 206 _____ |                |                |

Major GPA: \_\_\_\_\_ UIUC GPA: \_\_\_\_\_

Total hours completed as of today: \_\_\_\_\_

Current In-Progress/Remaining Hours: \_\_\_\_\_

(128 credit hours are required for degree completion)

Alternate Course Suggestions for FA/SP 20 \_\_\_\_\_

Notes/Volunteer and Leadership Experiences:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Six Correlate Classes (18 hours)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pre-Health: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

### Pre-Health Pre-Req Courses Still Needed:

\_\_\_\_\_