

**Jackson State University – College of Business**  
**STUDENT ACADEMIC PLANNING FORM**

*Purpose of Form: If desired, this form may be used by students and their advisors to assist in planning the student's matriculation in his/her academic program.*

Student _____ J-Number _____	Major _____ Curriculum Year _____	<u>Probable Graduation Term</u> Fall _____ Spring _____ Summer _____ Year _____																																																																																																
_____ Semester _____	_____ Semester _____	_____ Semester _____																																																																																																
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Additional Comments: \_\_\_\_\_  
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Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Student's Signature \_\_\_\_\_ Date \_\_\_\_\_