



Education and Career Services Division

Stockbridge-Munsee Community

P. O. Box 70

W12635 County Rd A

Bowler Wisconsin 54416

Phone: 715-793-4100

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ACADEMIC DEVELOPMENT PLAN

Academic Year: _____ - _____
 (Please complete after you have registered)

If applicable, Please select: 1/4-TIME: 1-5 credits 1/2-TIME 6-8 credits 3/4-TIME: 9-11 credits FULL-TIME: 12+ credits

First Name	MI	Last Name	Social Security Number
Declared Major/ Minor	College/University Attending	College/University Address	College/University Phone #
Expected Graduation Date	Please indicate what grade level you will be in for semester checked below: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate/Professional		

IMPORTANT: COMPLETE ENTIRE NEXT SECTION

PLEASE CHECK ONE BOX ONLY <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER					
NAME OF COURSE	COURSE NO.	CHECK IF ON-LINE	CREDITS	START DATE	END DATE

List Future Plans _____

PLEASE READ & SIGN

An Academic Plan must be submitted for each semester/term you plan to attend. The academic plan is to assist you and your advisor with planning and selecting appropriate courses as required for your degree, certificate or diploma. If any changes or revisions occur you must submit an updated plan. Tribal funding will be based on the academic year of October 1st to September 30th. If you do not satisfactorily complete any of the courses identified in your Academic Plan, you will be required to reimburse the Stockbridge-Munsee Community for the grant funds provided for those courses.

Student's Signature	Date
School Counselor/Advisor Signature	Date
Print Name (Counselor/Advisor)	School Counselor/Advisor Telephone Number