



Tourism and Hospitality Management Division

Study-Plan Form

Student Information

First Name: _____ Last Name: _____ ID. Number: _____

Contact Tel: _____ Email: _____

Trimester Entered: _____ Expected Graduation: _____

Year 1		Year 2	
Trimester I		Trimester I	
Trimester II		Trimester II	
Trimester III		Trimester III	
Summer		Summer	
Year 3		Year 4	
Trimester I		Trimester I	
Trimester II		Trimester II	
Trimester III		Trimester III	
Summer		Summer	

Student Name: _____ **Date:** _____

Advisor Name: _____ **Date:** _____