



# COURSE PLANNING WORKSHEET

*Inver Hills Counseling Department*

Date \_\_\_\_\_ Name \_\_\_\_\_ ID# \_\_\_\_\_

Transfer Plans? Yes \_\_\_\_\_ No \_\_\_\_\_ Where \_\_\_\_\_

Major/Program \_\_\_\_\_

**Fall Semester 20** \_\_\_\_\_

**Spring Semester 20** \_\_\_\_\_

**Summer Semester 20** \_\_\_\_\_

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**Fall Semester 20** \_\_\_\_\_

**Spring Semester 20** \_\_\_\_\_

**Summer Semester 20** \_\_\_\_\_

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**Fall Semester 20** \_\_\_\_\_

**Spring Semester 20** \_\_\_\_\_

**Summer Semester 20** \_\_\_\_\_

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