

**WORKING PLAN OF STUDY – CRIMINAL JUSTICE**

Name \_\_\_\_\_ Student ID \_\_\_\_\_ Contact No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Concentration :  Adult Corrections  Juvenile Justice  Law Enforcement Date Accepted \_\_\_\_\_

Minor: \_\_\_\_\_ Hours Completed: \_\_\_\_\_ Hours Currently Enrolled: \_\_\_\_\_ No. Transfer Hours: \_\_\_\_\_

General Ed Courses Needed	Major Courses Needed	Minor Courses Needed	Elective Hours Needed

Semester:	Semester:	Semester:
Number of Hours this Semester:	Number of Hours this Semester:	Number of Hours:

Semester:	Semester:	Semester:
Number of Hours this Semester:	Number of Hours this Semester:	Number of Hours:

Faculty Signature \_\_\_\_\_

Student Signature \_\_\_\_\_