SPARTANBURG COMMUNITY COLLEGE

PROGRAM EVALUATION FORM

STUDENT'S NAME: _____

SCC ID NUMBER: _____

PROGRAM of STUDY: _____

ANTICIPATED GRADUATION DATE: _____
(MM/DD/YYYY)

The courses listed below are the remaining courses required to complete Program of Study listed above. **(COMPLETE A SEPARATE FORM FOR EACH PROGRAM)**

COURSE NAME	CREDIT HOURS	COURSE NAME	CREDIT HOURS

Total Credit Hours required for graduation: _____

_____ _____
Student's Signature Date

_____ _____
Advisor's Signature Date

_____ _____
Advisor's Title Advisor's SCC Phone Number