

Student Name: _____

G #: _____



**B.S. in Forensic Science
George Mason University**

Student Projected Degree Schedule

	Fall	(credits)	Spring	(credits)	Summer	(credits)	
First Year		()		()		()	
		()		()		()	
		()		()		()	
		()		()		()	
		()		()		()	
		___ credits for semester		___ credits for semester		___ credits for semester	___ credits for year
Second Year		()		()		()	
		()		()		()	
		()		()		()	
		()		()		()	
		()		()		()	
		___ credits for semester		___ credits for semester		___ credits for semester	___ credits for year
Third Year		()		()		()	
		()		()		()	
		()		()		()	
		()		()		()	
		()		()		()	
		___ credits for semester		___ credits for semester		___ credits for semester	___ credits for year
Fourth Year		()		()		()	
		()		()		()	
		()		()		()	
		()		()		()	
		()		()		()	
		___ credits for semester		___ credits for semester		___ credits for semester	___ credits for year

___ TOTAL CREDITS

Advisor Name: _____

Approval Date: _____

Advisor Use Only