



WALKER ACTION PLAN FOR DEGREE COMPLETION

PERSONAL INFORMATION (to be completed by student):

Name: _____ Date of Birth: _____
First Middle Last mm/dd/yyyy

Current Address: _____

Cell Phone: _____ Alternate Phone: _____

Email Address: _____ Alternate Email: _____

BAY STATE COLLEGE STUDENT STATUS (to be completed by student; details available on Student Portal):

In which Division are you enrolled? Day/Evening/Online Program of Study: _____

Academic Advisor: _____ Fin. Aid Counselor: _____

Student Success Coord: _____ Career Counselor: _____

ACTION PLAN (to be completed w/ Academic Advisor): Number of Credits to Complete Degree: _____

Please list the remaining courses to be completed:

Table with 4 columns: Course #, Course Name, Next Term/Semester Offered, Are you Registered at BSC? Includes three empty rows for data entry.

If you are not registered at Bay State, where will you be completing these credits?

Table with 4 columns: BSC Course #, Name of Institution Where Registering, Course Name at New Institution, Term/Semester Registering for Course. Includes three empty rows for data entry.

I understand that, as a Walker, I am not a graduate of Bay State College. In order to graduate and receive a degree from the institution, I will need to complete the academic requirements listed above, as well as any other requirements listed in the Student Handbook.

Student Signature _____

Date _____

Academic Advisor Signature _____

Date _____