

ENERGY MEDICINE UNIVERSITY

STUDENT PROGRAM PLANNING FORM:: Full Program Semesters

Start Date _____
Month/Year

SEMESTER 1

Course # Course Name Instructor Credits Fee

<i>Course #</i>	<i>Course Name</i>	<i>Instructor</i>	<i>Credits</i>	<i>Fee</i>

Start Date _____
Month/Year

SEMESTER 2

Course # Course Name Instructor Credits Fee

<i>Course #</i>	<i>Course Name</i>	<i>Instructor</i>	<i>Credits</i>	<i>Fee</i>

Start Date _____
Month/Year

SEMESTER 5

Course # *Course Name* *Instructor* *Credits* *Fee*

<i>Course #</i>	<i>Course Name</i>	<i>Instructor</i>	<i>Credits</i>	<i>Fee</i>

Start Date _____
Month/Year

SEMESTER 6

Course # *Course Name* *Instructor* *Credits* *Fee*

<i>Course #</i>	<i>Course Name</i>	<i>Instructor</i>	<i>Credits</i>	<i>Fee</i>

