

**PLAN FOR REMOVING ENTRANCE DEFICIENCIES**

**NAME:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Student must enroll in one or more course during the first semester and each succeeding semester until all deficiencies are removed. Deficiencies must be removed within the first 60 semester hours. The advisor retains one copy of this form, the student receives one copy, and the original is mailed to the Registrar.

**HS DEFICIENCY    PROPOSED UTM COURSE    WHEN PLANNED    COMPLETED**

\_\_\_\_\_  
**High School Unit                      Course & Number                      Term & Year                      \_\_\_\_\_**

\_\_\_\_\_  
**High School Unit                      Course & Number                      Term & Year                      \_\_\_\_\_**

\_\_\_\_\_  
**High School Unit                      Course & Number                      Term & Year                      \_\_\_\_\_**

\_\_\_\_\_  
**High School Unit                      Course & Number                      Term & Year                      \_\_\_\_\_**

\_\_\_\_\_  
**High School Unit                      Course & Number                      Term & Year                      \_\_\_\_\_**

\_\_\_\_\_  
**High School Unit                      Course & Number                      Term & Year                      \_\_\_\_\_**

\_\_\_\_\_  
**High School Unit                      Course & Number                      Term & Year                      \_\_\_\_\_**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Advisor's Signature**

**Copies to:    Registrar  
                  Student  
                  Advisor**