

BENNINGTON COLLEGE

PLAN PROGRESS AND ADVANCED WORK ESSAY COVERSHEET

Student's name: _____

Plan title or question: _____

Primary areas of study: _____

Have these areas changed since your last Plan meeting? Yes No

Supporting areas of study: _____

Have these areas changed since your last Plan meeting? Yes No

What discipline group(s) will be responsible for assessing progress in your work?

Plan statement:

Draft due to advisor–September 23, 2019

Final copy due to the Provost and Dean's Office–October 3, 2019

Advisor's Signature: _____

Please note that your signature does not indicate approval of the Plan, only that you have read it and that it is ready to go forward for a Plan meeting.

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SCHEDULE OF COURSES/DISCIPLINES

You do not have to fill out the titles of specific courses for future terms, but you do need to indicate particular disciplines. For example, you can write "philosophy," "music," "science," etc.

First Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year _____ 1. _____ 2. _____ 3. _____ 4. _____ FWT: _____	Second Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year _____ 1. _____ 2. _____ 3. _____ 4. _____
Third Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year _____ 1. _____ 2. _____ 3. _____ 4. _____ FWT: _____	Fourth Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year _____ 1. _____ 2. _____ 3. _____ 4. _____
Fifth Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year _____ 1. _____ 2. _____ 3. _____ 4. _____ FWT: _____	Sixth Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year _____ 1. _____ 2. _____ 3. _____ 4. _____
Seventh Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year _____ 1. _____ 2. _____ 3. _____ 4. _____ FWT: _____	Eighth Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year _____ 1. _____ 2. _____ 3. _____ 4. _____

Anticipated Graduation Date: _____