

**Nutrition, Food Science and Packaging Department  
SAN JOSE STATE UNIVERSITY**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Projected Sequence of Course(s) By Semester / Year  
For BS / MS Nutritional Science  
(Refer to Course Rotation and Course Prerequisite Lists)**

Concentration / Graduate Objective: \_\_\_\_\_

<u>Course</u>	<u>Units</u>	<u>Course</u>	<u>Units</u>
<u>Fall 20</u>		<u>Spring 20</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	Total	_____

<u>Fall 20</u>		<u>Spring 20</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	Total	_____

<u>Fall 20</u>		<u>Spring 20</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	Total	_____

<u>Fall 20</u>		<u>Spring 20</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	Total	_____