

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	_____