

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Independent 4-Her Check List

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_____	Notes on Criteria Requirements
<i>Month</i>	_____
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	_____
	_____
_____	
<i>Talked with advisor &amp; date</i>	

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_____	Notes on Criteria Requirements
<i>Month</i>	_____
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<i>Talked with advisor &amp; date</i>	

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_____	Notes on Criteria Requirements
<i>Month</i>	_____
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<i>Talked with advisor &amp; date</i>	

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_____	Notes on Criteria Requirements
<i>Month</i>	_____
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	_____
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_____	
<i>Talked with advisor &amp; date</i>	

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