

Educational Planner

Counseling Department - Sacramento City College

First Name: _____ Last Name: _____ Student ID# _____
 Home Phone: _____ Cell Phone _____

Check: A&R Athletics CalWORKs EOPS Financial Aid International (I-20) MESA/MEP Puente RISE

ED GOAL: AA AS Certificate Major: _____

Transfer: UC CSU Other Major: _____

GE Pattern: IGETC CSU GE-Breadth Other: _____

Catalog Year: _____ Accumulated Units: AA/AS: _____ Cert: _____ CSU: _____ UC: _____

Assessment Scores: Writing: _____ Reading: _____ Math: _____ ESL: _____

Semester Course	Units	Var	Semester Course	Units	Var	Semester Course	Units	Var	Comments
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
Total Units			Total Units			Total Units			

Semester Course	Units	Var	Semester Course	Units	Var	Semester Course	Units	Var	Comments
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
Total Units			Total Units			Total Units			

Semester Course	Units	Var	Semester Course	Units	Var	Semester Course	Units	Var	Comments
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
Total Units			Total Units			Total Units			

The courses listed on this form are recommended as a program of study based upon my educational goal.
 I understand changes to my educational goal should be reviewed by a counselor.

Ed Plan: Complete Partial (return for counseling) Draft (return for counseling)
 Signatures: Student _____ Date _____
 Counselor _____ Printed Name _____

06/25/05