



Student Educational Plan (SEP)

Referral:

- Financial Aid
- Veterans
- Student Intervention
- International Students
- Athletes

Name: _____ W#: _____

Catalog Year: _____

Educational Goal
BA/BS Degree: Major: _____ College: _____
AA/AS Degree: Major: _____ College: _____
AA-T/AS-T Degree: Major: _____ College: _____
Certificate: Major: _____
Job Skills/Employment Other: _____
Notes
Total Units

_____ Term, 20__		_____ Term, 20__		_____ Term, 20__	
Course	Units	Course	Units	Course	Units
TOTAL		TOTAL		TOTAL	

_____ Term, 20__		_____ Term, 20__		_____ Term, 20__	
Course	Units	Course	Units	Course	Units
TOTAL		TOTAL		TOTAL	

_____ Term, 20__		_____ Term, 20__		_____ Term, 20__	
Course	Units	Course	Units	Course	Units
TOTAL		TOTAL		TOTAL	

Counselor's Signature: _____

Student's Signature: _____

Date: _____

Date: _____