LAS POSITAS COLLEGE

**Counseling Division**

# Student Evaluation Plan (SEP)

Reading Score: _____ Date: _____
Writing Score: _____ Date: _____ Rec: _____
Math Score: _____ Date: _____ Rec: _____

Name: _____ Social Security # __/__/__/-__/__/-__/__/__/__

Catalog Year: _____

## Educational Goals

☐ BA/BS Degree:
Major: _____
College: _____
☐ AA/AS Degree:
Major: _____
College: _____
☐ Certificate: _____

| Basic Skills/Prerequisites | Units |
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| **Major Requirements** | **Units** |
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| | |
| **Total Units** | |
| | |
| **Current GPA** | |
| | |

**_____ Term, 20_____**

| Course | Grades | Units | Course | Grades | Units | Course | Grades | Units |
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**_____ Term, 20_____** **_____ Term, 20_____** **_____ Term, 20_____**

| Course | Grades | Units | Course | Grades | Units | Course | Grades | Units |
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| AA/AS General Ed | Grades | Units | CSU-General Ed. | Grades | Units | IGETC | Grades | Units |
|---|---|---|---|---|---|---|---|---|
| Amer. Cultures (AA/AS): | | | A1: | | | Area 1-English Comp: (9 sem. units) | | |
| Amer. Hist/Inst (AA): | | | A2: | | | Group A: | | |
| 1. | | | A3: | | | Group B: | | |
| 2. | | | B1: | | | Group C: (CSU) | | |
| Amer. Hist/Inst. or Health (AS): | | | B2: | | | Area 2-Math: | | |
| 1. | | | B3: | | | Area 3-Arts/Humanities: (9 sem. units) | | |
| Com./Anal. Think.: | | | B4: | | | 1. | | |
| English (AA): | | | C. Arts & Humanities: (9 units) | | | 2. | | |
| 1. | | | 1. | | | 3. | | |
| 2. | | | 2. | | | Area 4-Social Science: (9 sem. units) | | |
| English (AS): | | | 3. | | | 1. | | |
| 1. | | | D. Social/Pol./Econ.: (9 units) | | | 2. | | |
| Health Ed. (AA) | | | 1. | | | 3. | | |
| Humanities: | | | 2. | | | Area 5-Physical & Biological Science | | |
| Math: | | | 3. | | | Phy. Sci.: | | |
| Nat. Science: | | | E. Self Development (3 units) | | | Bio. Sci.: | | |
| PE: | | | 1. | | | Foreign Lang. (UC): | | |
| Social/Beh. Sci.: | | | Amer. Hist./Inst.: | | | American Inst. (CSU): | | |
| Electives: | | | 1. | | | 1. | | |
| | | | 2. | | | 2. | | |

Counselor's Signature_____ Date: _____ Student's Signature_____ Date: _____

Referral: ☐ Financial Aid ☐ Veterans ☐ Student Intervention

Original – Student Yellow Copy – Student File Pink Copy - Counseling