

Initial/Abbreviated Student Educational Plan



Last Name: _____

First Name: _____

W# _____

Educational Goal(s): _____

English Placement: _____

Math Placement(s): _____

FOR: Summer Fall Spring 20_____

CRN	Subject	Course #	Credit (Units)	Day(s)	Time	Instructor	Date	Location	GE Area
Example 20212	Psych-Coun	10	2.0	TR	2-2:55 pm	Oliviera	08/19-12/20	202	

TOTAL UNITS: _____

= Alternate/ Back up Courses

FOR: Summer Fall Spring 20_____

CRN	Subject	Course #	Credit (Units)	Day(s)	Time	Instructor	Date	Location	GE Area

TOTAL UNITS: _____

Counselor's Signature

Date

Student's Signature

Date

Original – Counseling

Yellow copy--student