

STUDENT EDUCATIONAL PLAN (SEP)

Counselor: _____

Educational goal(s): *(check)*

Associate of Arts/Science Degree Major _____

Student: _____

Bachelors of Arts/Science Degree Major _____

Name of 4-year College: _____

Student ID: _____

Occupational Certificate: Major: _____

Other: _____

SEMESTER/YEAR	UNITS	SEMESTER/YEAR	UNITS
TOTAL UNITS		TOTAL UNITS	
SEMESTER/YEAR	UNITS	SEMESTER/YEAR	UNITS
TOTAL UNITS		TOTAL UNITS	
SEMESTER/YEAR	UNITS	SEMESTER/YEAR	UNITS
TOTAL UNITS		TOTAL UNITS	

The sequence of subjects/courses is designed to enable you to achieve your objective. If you change your declared educational goal(s), you may be required to take additional course work. You are responsible for your own program. Meet with a counselor for revisions to this plan as it becomes necessary.

Student's Signature

Date

Counselor's Signature

Date