De Anza College Student Educational Plan

Name_____

(Please print)   Last   First

Social Security # _____ ____ _____

Phone #_____ _____

Catalog Year_____

I plan to work _____ hours per week.

Placement test level: ☐ Yes   ☐ No

Math _____

English _____   _____

ESL _____   _____

Notes:

_____

_____

_____

_____

_____

Circle appropriate pattern for you:

AA   CSU   IGETC

Major:_____

Indicate your preference: (check box below)

☐ Transfer to:_____
(Name of school)

☐ Career program in: _____ _____
(Name of Program/ Not for transfer)

☐ Certificate _____
(Name of Certicicate)

Transcripts from:

_____
(Name of school)

Evaluation Requested: ☐ Yes   ☐ No

Interview Notes:

_____

_____

_____

_____

QUARTER: _____   **YEAR:** _____

Course	Units
Alternative Courses	
Quarter Total	

QUARTER: _____   **YEAR:** _____

Course	Units
Alternative Courses	
Quarter Total	

_____   _____
Student Signature   Date

_____   _____
Counselor Signature   Date

_____   _____
Academic Advisor Signature   Date

NAME_____   Social Security #_

QUARTER: **YEAR:**

Course	Units
Alternative Courses	
Quarter Total	

QUARTER: **YEAR:**

Course	Units
Alternative Courses	
Quarter Total	

QUARTER: **YEAR:**

Course	Units
Alternative Courses	
Quarter Total	

QUARTER: **YEAR:**

Course	Units
Alternative Courses	
Quarter Total	

Counselor Signature   Date

Student Signature   Date

Academic Advisor Signature   Date

WHITE—COUNSELING, CANARY—STUDENTS   Revised October 1999