

		Circle appropriate pattern for you:				
Name		AA CSU	IGETC			
(Please print) Last	First	Major:				
Social Security #		Indicate your preference: (check	(box below)			
Phone #		□m				
Catalog Year	The same of the sa	Transfer to:	(Name of school)			
I plan to work	hours per week.	Career program in:(Name of Pr				
Placement test level:	Yes No					
Math		Certificate(Name of Certicicate)				
English		Transcripts from:				
English		(Name of	school)			
ESL		Fundamentian Demonstrate V	. D No			
Notes:		Evaluation Requested: Ye	s No			
		Interview Notes:				
QUARTER:	YEAR: Units	QUARTER: Y Course	EAR: Units			
Alternative C	Courses	Alternative Courses				
Quarter T	otal	Quarter Total				
Curdant Ci	Dete	Counselor Signature	Date			
Student Signature White-Admissions and Records, 0	Date Canary-Student	Academic Advisor Signature	Date			

V Drive/Ed Plan Folder

Revised October 2001

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Course	U	Jnits		
Alternative Cour	ses		Alte	rnat
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Course	YEAR:	Jnits QU	JARTER:	Cou
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Quarter Total				Quarter
		Co	unselor Signa	ture
ire	Date			
		·	ademic Adviso	C:

Social Security #

NAME_____