

**CUYAMACA COLLEGE
ONE SEMESTER
STUDENT EDUCATIONAL PLAN**

FALL 20_____

SPRING 20_____

SUMMER 20_____

Dates_____

Dates_____

Dates_____

LAST NAME

FIRST NAME

MI

STUDENT ID NUMBER

Major_____ What is your educational objective: AA Degree Transfer Certificate

Other colleges or universities attended:_____

Name of four-year institution you plan to attend:_____

Please contact the following departments for counseling services:

GENERAL COUNSELING: 660-4429

CalWORKs: 660-4340 (CalWORKs Students ONLY)

EOPS: 660-4204 (EOPS Students ONLY)

CARE: 660-4204 (CARE Students ONLY)

DSPS: 660-4239 (DSPS Students ONLY)

TO BE COMPLETED BY COUNSELOR

SECTION #	SUBJECT & NO.	COURSE TITLE	UNITS

Do all of the courses listed above meet the student's educational objective at Cuyamaca College? ___ Yes ___ No

Additional Comments:

Counselor's Signature: _____ Date: _____

By signing this form I acknowledge and confirm this education plan reflects my course of study. I also understand that any changes to this plan without the prior approval of the department from which I am applying for services, will jeopardize my eligibility to participate in that Program.

Student's Signature _____ Date: _____

FOR CALWORKS OFFICE USE ONLY

COLLEGE CURRICULAR ACTIVITIES

Classroom Lecture

Supervised Lab

Supervised Study (on-campus/tutoring)

Unsupervised Study

Other

Other CalWORKs PARTICIPATION ACTIVITIES

Work Study (CalWORKs/FederalAWS)

Other:

Spouse hours

TOTAL HOURS

Recommendations/Comments

Total Curricular Hours/Week