

DVC Educational Plan

Name: _____

ID#: _____

Educational Goal (choose one):

- AA/AS Degree Major: _____
- IGETC
- CSUGE
- Other: _____
- Transfer Institution: _____
- Transfer Major: _____
- Certificate Program: _____

Counselor: _____

Date: _____

Semester/Year: _____	
Courses	Units
Total	

Semester/Year: _____	
Courses	Units
Total	

Semester/Year: _____	
Courses	Units
Total	

Semester/Year: _____	
Courses	Units
Total	

Semester/Year: _____	
Courses	Units
Total	

Semester/Year: _____	
Courses	Units
Total	

Semester/Year: _____	
Courses	Units
Total	

Semester/Year: _____	
Courses	Units
Total	

Grand Total	
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Comments: _____

Student's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____
