

**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: 660-5287 (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 typing in your full name you acknowledge and confirm this education plan reflects your course of study. You also further 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 (VTR) (ERE) \_\_\_\_\_  
 Supervised Lab/Tutoring/Study(VTR)(ERE) \_\_\_\_\_  
 Work Experience/Internship(WEX)(ERE) \_\_\_\_\_  
 Job Skills Training(ERT)(VTR) \_\_\_\_\_  
 Other (SUS)(WEX) \_\_\_\_\_

Total Curricular Hours/Week

**Other CalWORKs PARTICIPATION ACTIVITIES**

Work Study (Subsidized Work)(WST) \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Spouse hours \_\_\_\_\_

TOTAL HOURS

Recommendations/Comments \_\_\_\_\_