

Name _____ Class _____ Date _____

Educational Planning Form (Six +/- Semester Plan)

Major _____ Student ID _____

Fall Semester	Spring Semester	Summer
Total Units	Total Units	Total Units
Fall Semester	Spring Semester	Summer
Total Units	Total Units	Total Units
Fall Semester	Spring Semester	Summer
Total Units	Total Units	Total Units
Fall Semester	Spring Semester	Summer
Total Units	Total Units	Total Units

Comments:

Counselor (who did you see if you saw someone?) _____