

DVC Educational Plan

Name:	ID#:	Educational Goal: (choose one below)
		<input type="checkbox"/> AA/AS Degree Major :
		<input type="checkbox"/> IGETC
		<input type="checkbox"/> CSUGE
		<input type="checkbox"/> Other:
		Transfer Institution:
		Transfer Major:
		Certificate Program:
Counselor:	Date:	

Semester /Year:		Semester /Year:		Semester /Year:		Semester /Year:	
Courses	Units	Courses	Units	Courses	Units	Courses	Units

Semester /Year:		Semester /Year:		Semester /Year:		Semester /Year:	
Courses	Units	Courses	Units	Courses	Units	Courses	Units

Comments: