

# 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
<b>Total</b>	

Semester/Year: _____	
Courses	Units
<b>Total</b>	

Semester/Year: _____	
Courses	Units
<b>Total</b>	

Semester/Year: _____	
Courses	Units
<b>Total</b>	

Semester/Year: _____	
Courses	Units
<b>Total</b>	

Semester/Year: _____	
Courses	Units
<b>Total</b>	

Semester/Year: _____	
Courses	Units
<b>Total</b>	

Semester/Year: _____	
Courses	Units
<b>Total</b>	

<b>Grand Total</b>	
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Comments: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
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