



Program: _____

Student Name: _____

SID: _____

1. Quarter/Year: _____

2. Quarter/Year: _____

3. Quarter/Year: _____

Course Title/Name	Credits	Course Title/Name	Credits	Course Title/Name	Credits
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Quarter/Year: _____

5. Quarter/Year: _____

6. Quarter/Year: _____

Course Title/Name	Credits	Course Title/Name	Credits	Course Title/Name	Credits
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7. Quarter/Year: _____

8. Quarter/Year: _____

9. Quarter/Year: _____

Course Title/Name	Credits	Course Title/Name	Credits	Course Title/Name	Credits
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I certify that the courses listed above are shown in the SVC catalog and are courses or pre-requisites required to fulfill the SVC program I have selected.

Student Signature: _____

Advisor Signature: _____

Date: _____

Date: _____

Advisor notes or comments: _____

STUDENT MUST ENSURE A COPY OF THIS PLAN IS PLACED IN THEIR VA FILE.