

The Center for Academic Planning
Educational Planning Worksheet

Check box if for Financial Aid or Veteran's Benefits (FA/VA) **

Student name:				College Transfer Student / Special Student/ Developmental Student/ AGE-M Student			
Colleague ID #							
Advisor: Center for Academic Planning-The CAP							
Placement results: English:				Math:			
FALL 20__		SPRING 20__		FALL 20__		SPRING 20__	
COURSE	CREDITS	COURSE	CREDITS	COURSE	CREDITS	COURSE	CREDITS
TOTAL CREDITS		TOTAL CREDITS		TOTAL CREDITS		TOTAL CREDITS	
FALL 20__		SPRING 20__		FALL 20__		SPRING 20__	
COURSE	CREDITS	COURSE	CREDITS	COURSE	CREDITS	COURSE	CREDITS
TOTAL CREDITS		TOTAL CREDITS		TOTAL CREDITS		TOTAL CREDITS	
GPA		Electives		Transfer Credit		TOTAL CREDITS	
GPA 1st Semester							
GPA 2nd Semester							
GPA 3rd Semester							
GPA 4th Semester							
Advising Notes:							

Advisor signature: _____ Student signature: _____ Date: _____

By signing this, students understand that deviation from plan could result in changes to their Financial Aid.