

STUDENT EDUCATIONAL PLAN (SEP)

Date: _____

name: _____

Student ID: _____

Counselor: _____

Educational Goal(s):

- Associate of Arts/Science Degree: Major _____
- Bachelors of Arts/Science Degree: Major _____
- Name of 4-year College(s): _____
- Certificate: Major _____

General Education Plan

- LACCD GE Plan
- CSU GE IGETC
- Private Univ GE
- Not Applicable

PREREQUISITES	UNITS	MAJOR COURSES	UNITS	GENERAL EDUCATION COURSES	UNITS	GENERAL EDUCATION COURSES	UNITS
						ELECTIVE COURSES	
*Prerequisites Subtotal		Major Subtotal		Gen Ed Subtotal		Gen Ed/Elective Subtotal	
						TOTAL UNITS FOR ED GOAL	

*Prerequisite units may or may not count toward your educational goal(s).