



EDUCATIONAL PLANNING WORKSHEET

STUDENT NAME: _____ STUDENT ID# _____

FIRST QUARTER AT SSCC: FALL WINTER SPRING SUMMER YEAR: _____
 INTENDED GRADUATION DATE: FALL WINTER SPRING SUMMER YEAR: _____

PROGRAM NAME: _____ PLANNED MAJOR AT A UNIVERSITY: _____

High School Diploma Completion Certificate Program Associate of Arts Degree Associate of Applied Science Degree

SUMMER QUARTER	Year:	FALL QUARTER	Year:	WINTER QUARTER	Year:	SPRING QUARTER	Year:
Course	Credits	Course	Credits	Course	Credits	Course	Credits
Total Credits		Total Credits		Total Credits		Total Credits	
SUMMER QUARTER	Year:	FALL QUARTER	Year:	WINTER QUARTER	Year:	SPRING QUARTER	Year:
Course	Credits	Course	Credits	Course	Credits	Course	Credits
Total Credits		Total Credits		Total Credits		Total Credits	
SUMMER QUARTER	Year:	FALL QUARTER	Year:	WINTER QUARTER	Year:	SPRING QUARTER	Year:
Course	Credits	Course	Credits	Course	Credits	Course	Credits
Total Credits		Total Credits		Total Credits		Total Credits	