

# COLLEGE OF MARIN STUDENT EDUCATIONAL PLAN

SSN \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST M.I.

Semester

Fall  Spring  Summer

COM Major:

New  Probation  Dismissal  ESL  F1  KTD  IVC

**Multiple Measures**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Success in previous college classes | <input type="checkbox"/> 5. Number of courses taken      |
| <input type="checkbox"/> 2. High school grade point             | <input type="checkbox"/> 6. Placement test results       |
| <input type="checkbox"/> 3. Assessment of motivation            | <input type="checkbox"/> 7. Length of time out of school |
| <input type="checkbox"/> 4. Number of hours of employment       | <input type="checkbox"/> 8. Academic goal                |

**Information Checklist**

- Major/Certificate sheets  
 Transfer requirements  
 Graduation requirements

**Educational Goal:**

(up to 3 from A-M below, in descending order of importance) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

- |   |   |  |
|---|---|--|
| A Transfer to 4-yr college with AA/AS degree  | F Discover career interests                     | J Intellectual/Cultural development    |
| B Transfer to 4-yr college w/out AA/AS degree | G Acquire job skills only                       | K Improve basic skills (English/Math)  |
| C Associate Degree, AA (non-transfer)         | H Upgrade Job skills only                       | L Earn credits for High School diploma |
| D Associate Degree/Vocational (non-transfer)  | I Maintain license (Nursing, Real Estate, etc.) | M Undecided/no specific goal           |
| E Vocational Certificate (non-transfer)       |   |  |

Career Goal:

Transfer Major:

Transfer School:

Anticipated Completion Date:

- |                                  |                                     |                            |
|----------------------------------|-------------------------------------|----------------------------|
| 1 = 1 semester/2 quarters        | 4 = 2 yrs, 4 semesters/5-7 quarters | 8 = Student does not know  |
| 2 = 1 yr, 2 semesters/3 quarters | 5 = 3 yrs, 6 semesters/8-9 quarters | X = Unreported/uncollected |
| 3 = 3 semesters/4 quarters       | 6 = More than 3 yrs                 | Y = Not applicable         |

**Programs/Referrals**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Financial Aid             | <input type="checkbox"/> Employment Assistance    | <input type="checkbox"/> EOPS             | <input type="checkbox"/> Re-Entry Services         |
| <input type="checkbox"/> Child Care                | <input type="checkbox"/> Basic Skills Instruction | <input type="checkbox"/> Career Planning  | <input type="checkbox"/> Veteran Benefits          |
| <input type="checkbox"/> Disabled Student Services | <input type="checkbox"/> Tutoring                 | <input type="checkbox"/> Health Services  | <input type="checkbox"/> Intercollegiate Athletics |
| <input type="checkbox"/> Transfer Assistance       | <input type="checkbox"/> ESL                      | <input type="checkbox"/> Testing Services | <input type="checkbox"/> None of the above         |

**Educational Program (F = Fall; Sp = Spring; X = Summer):**

Sem. _____ Yr. _____	Units	Sem. _____ Yr. _____	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	Total	_____

Sem. _____ Yr. _____	Units	Sem. _____ Yr. _____	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	Total	_____

Sem. _____ Yr. _____	Units	Sem. _____ Yr. _____	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	Total	_____

**Student Follow-up (Comments and Date):**

Student Signature \_\_\_\_\_

Counselor Signature \_\_\_\_\_