ACADEMIC PLANNING FORM
Department of Human & Community Development

NAME:_____ STUDENT ID#_____

After Qtr.: _____
Total Units: _____
Upper Div: _____
Repeat: _____
GPA: _____

HDE Course to Change Major
_____
_____
_____
_____
_____

Plan done by: _____
Date: _____

_____
Undergrad Advisor
Galyna Erdman

Fall 20__	Winter 20__	Spring 20__	Summer 20__
_____ ___	_____ ___	_____ ___	_____ ___
_____ ___	_____ ___	_____ ___	_____ ___
_____ ___	_____ ___	_____ ___	_____ ___
_____ ___	_____ ___	_____ ___	_____ ___
_____ ___	_____ ___	_____ ___	_____ ___
___	___	___	___

Fall 20__	Winter 20__	Spring 20__	Summer 20__
_____ ___	_____ ___	_____ ___	_____ ___
_____ ___	_____ ___	_____ ___	_____ ___
_____ ___	_____ ___	_____ ___	_____ ___
_____ ___	_____ ___	_____ ___	_____ ___
_____ ___	_____ ___	_____ ___	_____ ___
___	___	___	___

Fall 20__	Winter 20__	Spring 20__	Summer 20__
_____ ___	_____ ___	_____ ___	_____ ___
_____ ___	_____ ___	_____ ___	_____ ___
_____ ___	_____ ___	_____ ___	_____ ___
_____ ___	_____ ___	_____ ___	_____ ___
_____ ___	_____ ___	_____ ___	_____ ___
___	___	___	___

Required to graduate: 180 total units including 54 upper division units