

COURSE PLANNING FORM FOR NEXT FOUR SEMESTERS

Name: _____ SAC STATE ID: _____ Date: _____

Sem/Yr:	# Units ↓
Total Units:	

Sem/Yr:	# Units ↓
Total Units:	

of hours per week you plan to work: _____

of hours per week you plan to work: _____

Sem/Yr:	# Units ↓
Total Units:	

Sem/Yr:	# Units ↓
Total Units:	

of hours per week you plan to work: _____

of hours per week you plan to work: _____

Student: This form is in addition to, and is not to be used in lieu of, the advising form.

Questions to Advisor/ Notes from Advisor: