

VETERANS AFFAIRS
EDUCATIONAL PLAN
 FOR RECIPIENTS OF EDUCATION BENEFITS
 AT
 CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

NAME: _____ BRONCO ID # _____
 MAJOR _____ MINOR _____

INSTRUCTIONS: This form must be completed and signed by your major advisor and submitted to your Veterans Affairs Certifying Official in the Registrar's Office prior to being certified for the quarter.

- Make an appointment with your faculty advisor.
- For efficient advisement, develop a tentative schedule prior to meeting with your advisor.
- Take a Curriculum sheet & complete academic history to the meeting with faculty advisor.

ACADEMIC YEAR 200__ - 200__

F A L L Q U A R T E R				
List the Dept. /Course # / # of Units	AREA OF CURRICULUM: Check one.			
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
Total Units Applicable Toward Degree Requirements:				
W I N T E R Q U A R T E R				
List the Dept. /Course # / # of Units	AREA OF CURRICULUM: Check one.			
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
Total Units Applicable Toward Degree Requirements:				
S P R I N G Q U A R T E R				
List the Dept. /Course # / # of Units	AREA OF CURRICULUM: Check one.			
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
Total Units Applicable Toward Degree Requirements:				
S U M M E R Q U A R T E R				
List the Dept. /Course # / # of Units	AREA OF CURRICULUM: Check one.			
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
	GE []	Core []	Support []	Unrestricted Electives []
Total Units Applicable Toward Degree Requirements:				

Faculty Advisor Name: _____ Signature: _____ Date: _____