

Name: _____ SCCC ID: _____ Date: _____

Catalog Year: _____ Major/Career Goals: _____ Counselor: _____

Goals: ☐ Transfer: _____ ☐ AA-T/AS-T: _____

☐ Associate: _____ ☐ Certificate: _____

Summer ____ Units	Fall ____ Units	Spring ____ Units	Counselor Comments:
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Total Units: _____	Total Units: _____	Total Units: _____	
Summer ____ Units	Fall ____ Units	Spring ____ Units	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Total Units: _____	Total Units: _____	Total Units: _____	
Summer ____ Units	Fall ____ Units	Spring ____ Units	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Total Units: _____	Total Units: _____	Total Units: _____	

Transfer Application Period

SPRING TRANSFER

☐ CSU: Aug. 1 – Aug. 31

FALL TRANSFER

☐ CSU: Oct. 1 – Nov. 30

☐ UC: Nov. 1 – Nov. 30

Units Planned/Complete

_____: Units Completed (to date)

_____: Units In-Progress (current)

_____: Units Planned (SEP)

_____: **TOTAL UNITS**

_____: **Degree Applicable**

_____: **Transfer Applicable**

Student's Signature

Counselor's Signature