

Student's Signature

## **COMPREHENSIVE STUDENT EDUCATION PLAN (SEPC)**

Counselor's Signature

Name:		SCCC	CD ID:	Date:	
Catalog Year:	Major/Career Goals:			Counselor:	
Goals: Transfer:			☐ AA-T/AS-T:		
Associate: _			☐ Certificate:		
Summer Uni	ts Fall	Units	Spring	Units	Counselor Comments:
			-		_ _
	_		_		_
			-		_
Total Units:	Total Units:		Tota	I Units:	_
Summer Uni	_	Units	Spring		_
					-
	_				<del>-</del> -
	_		-		_ _
					_ _
Total Units:	Total Units:		_ Tota	l Units:	Transfer Application Perio
Summer Uni	ts Fall	Units	Spring	Units	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 (curren
	_		_		: TOTAL UNITS
Total Units:	Total Units:		_ Tota	l Units:	: Degree Applicable: Transfer Applicable