



Contra Costa College

Educational Planning Form

Name _____

ID _____

CCC Objective: CA AA AS Transfer

CCC Major _____

If transferring, indicate: CSU UC Private Other Community College

Transfer College _____

Transfer Major _____

Semester	Year	
Course		Units

Semester	Year	
Course		Units

Semester	Year	
Course		Units

Semester	Year	
Course		Units

Semester	Year	
Course		Units

Semester	Year	
Course		Units

Counselor Signature _____

Date _____

Student Signature _____

Date _____

Semester	Year	
Course	Units	

Semester	Year	
Course	Units	

Semester	Year	
Course	Units	

Semester	Year	
Course	Units	

Semester	Year	
Course	Units	

Semester	Year	
Course	Units	

Notes: