

Return to: **Educational Opportunity Program** CSU, San Bernardino 5500 University Parkway San Bernardino, CA 92407

				537-5042 Fax: (909) 537-7084
Name			Coyote ID	
Email		Phone		
201		actory Academic Progress Ed d graduation date must be complete		
Degree □ BA □ BS				
Major	Expected Graduation Date(Quarter/Year)			
STUDENT: Bring a current copy of your and number, and the units for each coucurrent quarter, must be completed. The meet the course requirements for grad	urse for all anticipa ne Office of Financ uation.	ted terms of enrollment. All antic	ipated terms o	f enrollment, including the
COURSE NAME & NUMBER	UNITS	PROJECTED TERM		COMMENTS
English 107	4	Fall 2018		Sample
		Fall 2018		
		Winter 2019		
		Winter 2019		
		Winter 2019		
		Winter 2019 Winter 2019		
		Spring 2019		
		Spring 2019		
		Spring 2019		
		Spring 2019		
		Spring 2019		
This form must be signed and dated by you a	nd vour department	major advisor hefore it is submitted	to the Education	al Opportunity Program
We certify that the courses listed above are				
Student Signature				erai euucation/major/.
Academic Advisor Name (Print)				
Ext				

Date _____

Academic Advisor Signature _____