



Return to:  
 Educational Opportunity Program  
**CSU, San Bernardino**  
**5500 University Parkway**  
**San Bernardino, CA 92407**  
 Phone: (909) 537-5042 Fax: (909) 537-7084

Name \_\_\_\_\_ Coyote ID \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**2019 – 2020 Satisfactory Academic Progress Ed Plan**  
 Major and expected graduation date must be completed

Degree	<input type="checkbox"/> BA	<input type="checkbox"/> BS	
Major	_____		Expected Graduation Date _____ (Quarter/Year)

STUDENT: Bring a current copy of your PAWS report to your appointment with your department major advisor. List the course title and number, and the units for each course for all anticipated terms of enrollment. All anticipated terms of enrollment, including the current quarter, must be completed. The Office of Financial Aid & Scholarships will only consider funding for the courses needed to meet the course requirements for graduation.

**2019 – 2020 ACADEMIC PROGRESS PLAN**

COURSE NAME & NUMBER	UNITS	PROJECTED TERM	COMMENTS
<i>English 107</i>	<i>4</i>	<i>Fall 2019</i>	<i>Sample</i>
		<i>Fall 2019</i>	
		<i>Fall 2019</i>	
		<i>Fall 2019</i>	
		<i>Fall 2019</i>	
		<i>Fall 2019</i>	
		<i>Winter 2020</i>	
		<i>Winter 2020</i>	
		<i>Winter 2020</i>	
		<i>Winter 2020</i>	
		<i>Winter 2020</i>	
		<i>Spring 2020</i>	
		<i>Spring 2020</i>	
		<i>Spring 2020</i>	
		<i>Spring 2020</i>	
		<i>Spring 2020</i>	

This form must be signed and dated by you and your department major advisor **before** it is submitted to the Educational Opportunity Program.

**We certify that the courses listed above are remaining required courses for completion of degree requirements (general education/major).**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Advisor Name (Print) \_\_\_\_\_ Title \_\_\_\_\_ Ext. \_\_\_\_\_

Academic Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_