

YEAR 1: _____

Fall: _____

Courses	Units
Total Fall Units:	

Winter: _____

Courses	Units
Total Winter Units	

Spring: _____

Courses	Units
Total Spring Units	

Year Total Units: _____

YEAR 2: _____

Fall: _____

Courses	Units
Total Fall Units:	

Winter: _____

Courses	Units
Total Winter Units:	

Spring: _____

Courses	Units
Total Spring Units:	

Year Total Units: _____

YEAR 3: _____

Fall: _____

Courses	Units
Total Fall Units:	

Winter: _____

Courses	Units
Total Winter Units:	

Spring: _____

Courses	Units
Total Spring Units:	

Year Total Units: _____

YEAR 4: _____

Fall: _____

Courses	Units
Total Fall Units:	

Winter: _____

Courses	Units
Total Winter Units:	

Spring: _____

Courses	Units
Total Spring Units:	

Year Total Units: _____



Advising and
Academic Services

Please note: Summer courses cannot be used as a means of earning your 45 yearly units. Summer coursework can be used as a head start with units going into the next academic year.

Summer: _____

Courses	Units
Total Summer Units:	

Summer: _____

Courses	Units
Total Summer Units:	

Summer: _____

Courses	Units
Total Summer Units:	

Total Units For Degree: _____

Office Use Only
Date Turned In: _____



4-Year Graduation Pledge Education Plan *Student Profile*

Student's Name: _____ Coyote ID: _____ Phone Number: _____
Major: _____ Concentration Minor: _____ Start Term/Year: _____

Previous Coursework/AP Credit (list courses/units):

<i>Course or Credit</i>	<i>Units</i>	<i>Course or Credit</i>	<i>Units</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Advisor's Use Only

*Please note: A Peer Advisor **cannot** sign this document. It must be approved and signed by a faculty or professional advisor within the college of the student's major.*

Advisor Printed Name: _____ Department: _____ Extension: _____

____ Please check here if student can complete degree requirements within 4 years of the start term/year according to the courses listed in the Education Plan.

Student Signature: _____ Advisor Signature: _____ Date: _____

Program Coordinator Notes: