

VETERANS AFFAIRS EDUCATIONAL PLAN

FOR RECIPIENTS OF EDUCATION BENEFITS AT
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
3801 W. Temple Ave. Pomona, CA 91765

NAME _____ BRONCO ID # _____

MAJOR _____ MINOR _____

INSTRUCTIONS: This form must be completed and signed by your major advisor and submitted to your Veterans Affairs Certifying Official in the Registrar's Office prior to being certified for the semester.

- Make an appointment with your faculty/staff advisor.
- For efficient advisement, develop a tentative schedule prior to meeting with your advisor.
- Take a Curriculum sheet and complete academic history to the meeting with faculty/staff advisor.

ACADEMIC YEAR 20__ - 20__

FALL SEMESTER						
Department	Course #	# of Units	AREA OF CURRICULUM: Check one			
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
Total Units Applicable Toward Degree Requirements:						
WINTER						
Department	Course #	# of Units	AREA OF CURRICULUM: Check one			
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
Total Units Applicable Toward Degree Requirements:						
SPRING SEMESTER						
Department	Course #	# of Units	AREA OF CURRICULUM: Check one			
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
Total Units Applicable Toward Degree Requirements:						
SUMMER						
Department	Course #	# of Units	AREA OF CURRICULUM: Check one			
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
			GE <input type="checkbox"/>	Core <input type="checkbox"/>	Support <input type="checkbox"/>	Unrestricted Electives <input type="checkbox"/>
Total Units Applicable Toward Degree Requirements:						

Faculty/Staff Advisor Name: _____ Signature: _____ Date: _____

Contact #: _____