Print Form

VETERANS AFFAIRS
EDUCATIONAL PLAN

FOR RECIPIENTS OF VA EDUCATION BENEFITS AT
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
3801 W. Temple Ave. Pomona, CA 91768

NAME _____ **BRONCO ID #** _____

MAJOR _____ **MINOR** _____

INSTRUCTIONS: This form must be completed and signed by your advisor and submitted to your VA Certifying Official at the Veterans Resource Center prior to being certified for the semester.

- Make an appointment with your academic advisor.
- Draft a tentative course schedule prior to meeting with your academic advisor.
- Review your major curriculum sheet and degree progress report prior to meeting with your academic advisor.

ACADEMIC YEAR 20___ - 20___

FALL SEMESTER						
Department	Course #	# of Units	AREA OF CURRICULUM: Check one			
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
Total Units Applicable Toward Degree Requirements:						
WINTER INTERCESSION						
Department	Course #	# of Units	AREA OF CURRICULUM: Check one			
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
Total Units Applicable Toward Degree Requirements:						
SPRING SEMESTER						
Department	Course #	# of Units	AREA OF CURRICULUM: Check one			
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
Total Units Applicable Toward Degree Requirements:						
SUMMER SEMESTER						
Department	Course #	# of Units	AREA OF CURRICULUM: Check one			
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
			GE ☐	Core ☐	Support ☐	Unrestricted Electives ☐
Total Units Applicable Toward Degree Requirements:						

Academic Advisor Name: _____ Signature: _____ Date: _____

Phone #: _____