

Student Educational Plan (SEP)

TO BE COMPLETED BY AN ACADEMIC COUNSELOR ONLY

First Name:	ame: Last Name:			ID:		
1. Please <u>check one</u> of the	e following box	es regarding the Student Ed	lucational Plan (SE	P):		
An approved Degre	eWorks SEP has	been developed by an aca	demic counselor a	and is available electronica	lly.	
Attached is an appr	oved DegreeWo	orks SEP developed by an a	cademic counselo	r.		
Attached is an appr	oved SEP devel	oped by an academic couns	selor.			
Coursework not required w	ill not be consid	le coursework the student lered for funding. Please a and/or Certificate check she	ttach <u>ALL</u> appropr			
_		must be offered by the Pri ogram listed on the student				
3. Student's Goal: 🗌 A	A/AS/ADT	Certificate of Achievemer	nt 🗌 Transfer	to		
				(List Schoo	l)	
4. Has the student attended f yes, please list college(s):	led colleges out	side of Ventura County Cor	nmunity College D	olistrict? Yes	No	
	transcripts fron	n the above college(s) been	evaluated by VCC	CCD? Yes [No	
Current Term:		Term:		Term:		
Courses	Units	Courses	Units	Courses	Units	
			_			
Term:		Term:		Term:		
Courses	Units	Courses	Units	Courses	Units	
	-		_			
					_	

Student's Last Name:

______ Student ID: _____



Notes:						
I certify that I have met with the student listed above and evaluated any prior coursework (including transfer credits if requested) and have established a Student Educational Plan (AA/AS, Transfer, Prep Course work, or Certificate check sheets) for the student on DegreeWorks.						
Counselor's Name:						
Counselor's Signature:	Date:					

Student's Last Name: _____

Rev 05/27