

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 <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 INTERSESSION						
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 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: _____						

Academic Advisor Name: _____ Signature: _____ Date: _____

Phone #: _____