

**CHILD & FAMILY DEVELOPMENT PROGRAMS**  
**Community Action Team, Inc.**  
 College Planning Sheet

Name: \_\_\_\_\_

Date \_\_\_\_\_

Learning Institution \_\_\_\_\_

Intended Degree: \_\_\_\_\_

Unit Costs: \_\_\_\_\_

Major \_\_\_\_\_

Nine Quarter Projected Cost: \_\_\_\_\_

Projected degree completion Date: \_\_\_\_\_

Quarter:	Year:	Quarter:	Year:	Quarter:	Year:
Course	CR	Course	CR	Course	CR

Quarter:	Year:	Quarter:	Year:	Quarter:	Year:
Course	CR	Course	CR	Course	CR

Quarter:	Year:	Quarter:	Year:	Quarter:	Year:
Course	CR	Course	CR	Course	CR

Learning Institution Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor phone Number: \_\_\_\_\_ Advisor Email: \_\_\_\_\_