

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

Name: _____

Date _____

Learning Institution _____

Intended Degree: _____

Unit Costs: _____

Major _____

Nine Quarter Projected Cost: _____

Projected degree completion Date: _____

Quarter: F W SP S **Year:** **Quarter:** F W SP S **Year:** **Quarter:** F W SP S **Year:**

Course	CR	Course	CR	Course	CR

Quarter: F W SP S **Year:** **Quarter:** F W SP S **Year:** **Quarter:** F W SP S **Year:**

Course	CR	Course	CR	Course	CR

Quarter: F W SP S **Year:** **Quarter:** F W SP S **Year:** **Quarter:** F W SP S **Year:**

Course	CR	Course	CR	Course	CR

Learning Institution Advisor Signature: _____

Date: _____

Advisor phone Number: _____

Advisor Email: _____