



Semester Training Plan
Office of Outreach & Admissions / Cal WORKs

(This form should be completely filled out, signed and dated. Incomplete forms will not be processed and will delay your semester eligibility. You may submit forms to Fountain Hall Room 113 or via fax at: 805.378.1567)

First Name: _____ Last Name: _____
 Student ID #: _____ Social Sec #: _____
 Address: _____ City: _____
 State: _____ Zip: _____
 Phone #: _____ Email: _____

Student Status: New Returning Continuing
 Educational Objective: Certificate Transfer with AA Transfer w/o AA AA Degree Other
 Educational Goal: _____

Projected Term of Completion: _____

Semester Courses Planned

Semester: _____		Year: _____			
Course Name	Units	Hours	Lab	Work Study	Other
	Total Units	Total Class Hrs.	Total Lab Hrs.	Total	Total Work Hrs.

Work Study / Work Experience
 Site: _____ Start Date: _____

 Student Signature Date

 Cal WORKs Coordinator Signature Date