

CDSS Program Plan

Student Name _____ Student ID _____

Proposed Schedule of Classes

Indicate all courses you plan to take, including those needed to complete major, college, and university requirements. A minimum of 12 units must be listed for each semester, unless you are approved for a reduced course load.

FALL

Department & Number	Units
Total Units	

SPRING

Department & Number	Units
Total Units	

SUMMER

Department & Number	Units
Total Units	

FALL

Department & Number	Units
Total Units	

SPRING

Department & Number	Units
Total Units	

SUMMER

Department & Number	Units
Total Units	

FALL

Department & Number	Units
Total Units	

SPRING

Department & Number	Units
Total Units	

SUMMER

Department & Number	Units
Total Units	

FALL

Department & Number	Units
Total Units	

SPRING

Department & Number	Units
Total Units	

SUMMER

Department & Number	Units
Total Units	