

ACADEMIC SUCCESS PLAN

CITY COLLEGE OF SAN FRANCISCO
GENERAL COUNSELING DEPARTMENT

STUDENT _____ I.D. NUMBER _____ D.O.B. ____/____/____

EDUCATIONAL OBJECTIVE: CERTIFICATE B.A./B.S. A.A./A.S. MAJOR _____ OTHER _____

UNITS CURRENTLY ENROLLED: _____ UNITS COMPLETED _____ CUMULATIVE G.P.A. _____

PLACEMENT SCORES: ENGLISH _____ ESL _____ MATH _____ ALGEBRA _____

REFERRALS:

- African American Scholastic Program (B100)
- Career Development and Placement Center (S127)
- Child Care Center (B211)
- Disabled Students Programs and Services (R323)
- EOPS
- Financial Aid Office (G324)
- HARTS (C205)
- Latina Service Center (SU/LA)
- Learning Assistance Center (R201)
- Math Bridge (L770)
- Puente (L618)
- Reading Lab (R229)
- Re-Entry Program (SH106)
- Re-Evaluation of English and/or Math Placement Testing (E203) _____ English Department (L556) _____
Math Department (L756) _____ ESL Department (L516) _____
- Student Health (B201)
- Transfer Center (S132)
- Write Place (R207)
- Writing Lab (R230)
- Writing Success Project (R231)

Date Attended Workshop _____

Academic Status Academic Probation Progress Probation
of Semesters _____ # of Semesters _____

COUNSELOR COMMENTS AND RECOMMENDATIONS:

Courses to take _____
Semester _____

Follow-up counseling and/or educational planning:
___ Yes ___ No If yes, date: _____

STUDENT SIGNATURE

DATE

COUNSELOR SIGNATURE

DATE