

COURSE PLANNING FORM FOR NEXT FOUR SEMESTERS

Name: _____ SAC STATE ID: _____ Date: _____

Sem/Yr:	# Units ↓
Total Units:	

of hours per week you plan to work: _____

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of hours per week you plan to work: _____

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Student: This form is in addition to, and is not to be used in lieu of, the advising form.

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