EVERETT COMMUNITY COLLEGE

My Educational Plan

COMPLETE THE FOLLOWING IF YOU ARE SHARING THIS WITH A FACULTY ADVISOR

Student Name: _____ **Student ID Number**: _____

Day Phone: ( ) _____ **Evening Phone**: ( ) _____

E-mail: _____ **Year of high school completion or GED**: _____

Previous colleges or training programs completed: _____

_____

If you wish to use credit from your previous colleges toward a certificate or degree at EvCC, please complete a Request for Transfer Credit Evaluation form and submit it to Enrollment Services. You can obtain that form in Enrollment Services or at www.everettcc.edu/studentforms

The following are good discussion topics with an advisor

Topic	Statement	Updates/Achievements
My personal goals:		
My educational goals:		
To learn more about how to achieve my goals I need to:		
My placement test scores at EvCC indicate I need to start at:		
My study skills can be described as:		
Possible barriers and ways to overcome barriers:		
At EvCC I am following this curriculum guide:		

SUGGESTIONS FOR COURSES:

Quarter 1	
Quarter 2	
Quarter 3	
Quarter 4	
Quarter 5	
Quarter 6	

OTHER NOTES:

g.reg.com.advising.educ plan