

SANTIAGO CANYON COLLEGE
 EXTENDED OPPORTUNITIES PROGRAM AND SERVICES
 SCHEDULE PLANNING WORKSHEET

Fall _____ Spring _____

Name _____ Student I.D. # _____

(Last)

(First)

(Address)

(City)

(Zip Code)

Phone (____) _____

Cell (____) _____

E-mail address _____

I authorize EOPS/CARE department to display my name, GPA, units, and/or picture in printed material (newsletters, state reports, and bulletin board). Yes No _____ (Please initial)

ACCORDING TO YOUR **EDUCATIONAL PLAN**, LIST THE CLASSES THAT YOU PLAN TO TAKE NEXT SEMESTER

*** INTERSESSION/SUMMER CLASS**

Section Number	Class Title	Units	Meeting Day	Meeting Time	Room Location

Total Units _____

Student Signature

Date

 Counselor Signature

 Date