

**2007-2008 COUNSELOR'S CERTIFICATION OF STUDENT EDUCATIONAL PLAN
FOR FINANCIAL AID APPLICANTS – TO BE COMPLETED BY VENTURA COLLEGE
ACADEMIC COUNSELOR ONLY. PLEASE CALL 805-654-6448 TO MAKE APPOINTMENT.**

Student's Name _____ SSN/ID _____

TO COUNSELOR: Please do not leave anything blank. Put 0 if something does not apply.

Objective: MAJOR: _____

Goal: AA/AS

(Check all that apply)

TRANSFER to: *(list school(s) being considered)*

_____ IGETC _____ CSU GE

CERTIFICATE OF ACHIEVEMENT IN _____
(At least 1 year in length)

CERTIFICATE OF COMPLETION IN _____
(Less than 1 year in length. *This goal/objective does not qualify students for Federal Aid.*)

Total # of remedial units completed: _____

TRANSFER WORK FROM OUTSIDE COLLEGES:

Does student have an AA/AS degree or higher, from any institution? Yes No

Has student attended any colleges/technical schools outside the VCCCD? Yes No

All academic transcripts must be on file before continuing. List each school below. Evaluate transcripts from each college and indicate number of applicable units toward goal at Ventura College (if none, write "0"). Do NOT count units from Ventura, Moorpark or Oxnard Colleges.

School Name	# of units applicable to VC goal
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I certify that I have met with the student listed above, evaluated any prior course work (including transfer credits) and have established an Educational Plan (AA/AS, Transfer, Prep Course work, or Certificate check sheets) for the student.

VC COUNSELOR'S SIGNATURE: _____

NAME OF COUNSELOR: _____ DATE: _____

STUDENT'S STATEMENT:

I certify that I have met with my academic counselor and have been advised regarding the appropriate course work required for my educational goal. If I make any changes, I must notify the Financial Aid Office and submit a new Counselor's Certification / Educational Plan.

STUDENT'S SIGNATURE: _____ DATE: _____