

**2009-2010 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 Be Completed by 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 PROFICIENCY AWARD \_\_\_\_\_  
 (Less than 1 year in length. *This goal/objective does not qualify students for Federal Aid.*)

**Total # of remedial units completed at any VCCCD college:** \_\_\_\_\_

**TRANSFER WORK FROM OUTSIDE COLLEGES:**

Does student have an AA/AS degree or higher, from **any** institution **including foreign schools?**

- Yes  No

If a student requests units from other colleges to be applied toward VC goal, official transcripts must be on file from the institution. **Do not count units from Ventura, Moorpark, or Oxnard Colleges.**

\_\_\_\_\_ # of units applicable to VC goal

I certify that I have met with the student listed above, evaluated any prior course work (including transfer credits, if requested) and have established an Educational Plan (AA/AS, Transfer, Prep Course work, or Certificate check sheets) for the student.

VC COUNSELOR'S SIGNATURE: \_\_\_\_\_

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: \_\_\_\_\_