

College of Science Advising Center

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Academic Advising Planner

Student Name:			Curriculum Year:		
BroncoID:		Major:		Option:	
CPP GPA:	Overall GPA:	Major GPA:		GP Deficit:	
<input type="checkbox"/> Annual/Quarterly	<input type="checkbox"/> 1.99-2.2 (Early Warning)	<input type="checkbox"/> Probation			
<input type="checkbox"/> Disqualification	<input type="checkbox"/> SEES	<input type="checkbox"/> EOP			
<input type="checkbox"/> 125% Super Senior	<input type="checkbox"/> GWT	<input type="checkbox"/> Financial			
<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Other:				

GE's completed:

<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3		
<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> B3	<input type="checkbox"/> B4	<input type="checkbox"/> B5
<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4	
<input type="checkbox"/> D1a	<input type="checkbox"/> D1b	<input type="checkbox"/> D2	<input type="checkbox"/> D3	<input type="checkbox"/> D4
<input type="checkbox"/> E	<input type="checkbox"/> American Institutions		<input type="checkbox"/> American Cult. Perspective Req.	

Planned Courses for the next three quarters:

Ideal Plan Quarter: F W S SU Year:	Ideal Plan Quarter: F W S SU Year:	Ideal Plan Quarter: F W S SU Year:

Other Courses:

Comments:

Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____