

ACADEMIC STUDY PLAN FORM

APPLICANT: PLEASE FILL OUT THE SECTION BELOW AND TURN IN TO YOUR ACADEMIC ADVISOR

Student Name:	
Student ID Number:	
Phone Number:	
Email:	
Expected Graduation Date:	

THE SECTION BELOW MUST BE COMPLETED BY YOUR ACADEMIC ADVISOR

This student is applying to the Soboba Foundation for a scholarship. This form is required as part of the completed application. Your cooperation in the completion the following is appreciated. If you have any questions, please contact the Tribal Administration Office at (951) 654-2765 and ask for Andrew Vallejos.

GENERAL EDUCATION

Has the student completed all general education requirements?	
If no, what courses are needed to complete?	

MAJOR DEGREE REQUIREMENTS

Has the student declared a major?	
What courses are needed to fulfill the major degree requirements?	

PROPOSED STUDY PLAN

FALL COURSES	CREDIT HOURS	SPRING COURSES	CREDIT HOURS
Current GPA:		Cumulative GPA:	

COMMENTS

--

CONTACT INFORMATION

Name:		Title:	
Department:		Email:	
Signature:			