

VENTURA COUNTY OFFICE OF EDUCATION California Classified School Employee Teaching Credential Program (CSEP) University Program Plan 2016-2017

Participant Name	Name of College,	Name of College/ University Attending		
Type of Credential	Expected Date of	Expected Date of Credential Program Completion		
Fall 20 I will/am enrolled in: Course	Title	Course No.	Units	
		TOTAL		
Winter/Spring 20 I will enroll in: Course	Title	Course No.	Units	
		TOTAL		
Summer/20 I will enroll in: Course	Title	Course No.	Units	
		TOTAL		
I recognize that The Classified School Employee Teach Program participants receive assistance with univenthose required for the stated Pre-teaching or Teach	ersity tuition, and books, as well as other s her Preparation Program.	upport services. The courses	listed above reflect <u>only</u>	
Participant Signature:	Date:			
To be completed by college/university representa	ative only.			
I am verifying that the courses listed above are requ	uired for the participant's stated <u>Pre-teachi</u>	ing Major or Teacher Prepara	tion Program goals.	
Advisor/Counselor:	Date:			
Print Name:	Title:			
Contact phone #	Email:			

Please return this form to:

Ventura County Office of Education 5100 Adolfo Rd. Camarillo, CA 93012 (805)437-1320 ◆ FAX (805)389-4316