

CALIFORNIA UNIVERSITY OF PENNSYLVANIA
TAA / WIA Two-Year Plan of Study

Upon completion, this plan should be submitted to:

Office of Admissions, Box 94

250 University Avenue, California, PA 15419

Phone: (724) 938-4491 **Fax:** (724) 938-4564 **Email:** crofcheck@calu.edu

First Name	M.I.	Last Name	
Telephone Number	Student ID (SID #)	Curriculum	
E-mail Address		Street Address	
City		State	ZIP
CareerLink Counselor	CareerLink Phone # ()	CareerLink Fax # ()	

Please check which funding you are seeking:

Trade Adjustment Assistance (TAA)

Workforce Investment Act (WIA)

First Year Plan

Semester: _____

Year: _____

Course #	Course Title	Credits

Semester: _____

Year: _____

Course #	Course Title	Credits

Semester: _____

Year: _____

Course #	Course Title	Credits

Second Year Plan

Semester: _____

Year: _____

Course #	Course Title	Credits

Semester: _____

Year: _____

Course #	Course Title	Credits

Semester: _____

Year: _____

Course #	Course Title	Credits

Denotes courses that MUST be taken in sequence.

* **Please note:** TAA students must be full-time students (at least 12 cr. in the Fall/Spring; at least 6 cr. in the Summer semester).

+ Course offerings vary from semester to semester. Therefore, this plan can be altered.

Advisor Signature

Date

Student Signature

Date