

**CONSUMER AFFAIRS MINOR WORKSHEET**  
**CALIFORNIA STATE UNIVERSITY, LONG BEACH**  
 Code: FCS\_UM01  
 Catalog Year: 2004-2005

Student: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_  
 Last First Maiden/Middle Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 No. Street Apt. No.

City State ZIP Advisor: \_\_\_\_\_

Date Entered CSULB: \_\_\_\_\_ Standing: \_\_\_\_\_

Transfer From: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

CSULB Unit Value	CSULB Grade	Course Number	Course Name	Need to Take	Transfer or Substitute	Transfer From	Transfer Units/Grade
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**Take All of the Following Courses**

3		FCS 223	Personal & Family Financial Management				
3		FCS 226	Consumer Life Skills				
3		FCS 322	Family Housing & the Urban Community				

**Select 9 Units from the Following Courses** (as approved by a Consumer Affairs faculty advisor)

3		FCS 420	Personal Finance for the Aging				
3		FCS 422	Housing Policies: Public & Private				
3		FCS 425	Personal Financial Planning Analysis				
3		FCS 426	Family Financial Problems				
3		FCS 429	Consumer Protection				

Advising Sessions:

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_ Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Advisor: \_\_\_\_\_ Date: \_\_\_\_\_ Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Advisor: \_\_\_\_\_ Date: \_\_\_\_\_ Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Advisor: \_\_\_\_\_ Date: \_\_\_\_\_ Advisor: \_\_\_\_\_ Date: \_\_\_\_\_