

Adult Grad Student Learning Plan

Student's name: _____	Date: _____
PEN #: _____	
Principal's Signature: _____	Student's Signature: _____

Required Courses	Course Name	Completion Year/Month	Final %	Credit
English/Communications 12				4
Math 11				4

Option 1	Course Name	Completion Year/Month	Final %	Credit
Social Studies 11/First Nations 12				4
Grade 12 Course				4
Grade 12 Course				4

Option 2	Course Name	Completion Year/Month	Final %	Credit
Grade 12 Course				4
Grade 12 Course				4
Grade 12 Course				4

Total Credits:	
	Min 20

Teacher Signature: _____ for _____, Date: _____

Teacher Signature: _____ for _____, Date: _____

Teacher Signature: _____ for _____, Date: _____