

NISGA'A POST-SECONDARY EDUCATION ASSSITANCE PROGRAM

ACADEMIC PLAN

YEAR APPLIED		LAST NAME		FIRST NAME		
PROGRAM OF STUDY					No. YRS. REQ.	
PROGRAM START DATE		END DATE		Yr. of Graduation		
ACCREDITED INSTITUTION						
MAILING ADDRESS						
POSTAL CODE		CONTACT PERSON				
CONTACT NUMBER			EMAIL ADDRESS			
FAX NUMBER						

FALL COURSES YR. 1	CREDITS	COST	PRE. REQ.	DONE	DAY	TIME	START OF COURSE	END OF COURSE

TOTALS

WINTER COURSES YR. 1	CREDITS	COST	PRE. REQ.	DONE	DAY	TIME	START OF COURSE	END OF COURSE

TOTALS

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CONTACT NUMBER				EMAIL ADDRESS				
FAX NUMBER								
FALL COURSES YR. 2	CREDITS	COST	PRE. REQ.	DONE	DAY	TIME	START OF COURSE	END OF COURSE
TOTALS								
WINTER COURSES YR. 2	CREDITS	COST	PRE. REQ.	DONE	DAY	TIME	START OF COURSE	END OF COURSE
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FALL COURSES YR. 3	CREDITS	COST	PRE. REQ.	DONE	DAY	TIME	START OF COURSE	END OF COURSE	
TOTALS									
WINTER COURSES YR. 3	CREDITS	COST	PRE. REQ.	DONE	DAY	TIME	START OF COURSE	END OF COURSE	
TOTALS									

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FALL COURSES YR. 4	CREDITS	COST	PRE. REQ.	DONE	DAY	TIME	START OF COURSE	END OF COURSE	
TOTALS									
WINTER COURSES YR. 4	CREDITS	COST	PRE. REQ.	DONE	DAY	TIME	START OF COURSE	END OF COURSE	
TOTALS									