SKAGIT VALLEY COLLEGE
Financial Aid

2405 E. College Way – Lewis 121
Mount Vernon, WA 98273
Phone: MV–360.416.7666/WIC–360.679.5320
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2026-2027 PLAN OF CLASSES TO GRADUATE

Student Name _____ ctcLink ID Number _____ Program of Study _____

Provide the quarterly sequence of coursework you plan on taking using a Transcript Evaluation or Progress Tracker report. Include each Course Title, Course Number, and number of credits. Future changes to plan content or courses must be submitted to the Financial Aid Office for approval.

1. Quarter/Year: _____		2. Quarter/Year: _____		3. Quarter/Year: _____	
Course Title/Number	Credits	Course Title/ Number	Credits	Course Title/ Number	Credits

4. Quarter/Year: _____		5. Quarter/Year: _____		6. Quarter/Year: _____	
Course Title/ Number	Credits	Course Title/ Number	Credits	Course Title/ Number	Credits

7. Quarter/Year: _____		8. Quarter/Year: _____		9. Quarter/Year: _____	
Course Title/ Number	Credits	Course Title/ Number	Credits	Course Title/ Number	Credits

We certify that the courses listed above are required for this student's completion of the intended degree or certificate of this petition. This plan of classes should take into consideration: the catalog year for which this student will apply for graduation, courses taken at other post-secondary institutions, course substitutions and waivers officially approved by the Credentials Evaluator, etc.

I understand that submitting this form electronically as an email attachment using my SVC email account constitutes my signature and my certification that the information provided herein is complete and correct. Once completed, this form may be submitted via your mySVC email account, to financial.aid@skagit.edu , or the Financial Aid Office drop box. Note: this email address is for document submission only.

Student Signature _____ Date _____ Advisor Signature _____ Date _____

SVC FINANCIAL AID OFFICE USE ONLY		
PC	❑ **Approved** ❑ **Pended** ❑ **Denied**	**INITIALS & DATE:**