

PLAN OF CLASSES TO GRADUATE

Student Name _____

SSN _____

ctcLink Student ID # _____

Educational Program _____

Catalog Year _____

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:**