



Graduated Student Learning Plan

Student's Name: _____ Birthdate: YYYY/MM/DD

Home Phone No: _____ Cell No: _____

E-mail address: _____

Legal Guardian(s) (students who are under 19): _____

Phone No: _____ Relationship to student: _____

BC's Ministry of Education is offering the following tuition-free courses for graduated students:

- | | | |
|---------------------------------|---------------------|--------------------------|
| English Foundations (level 3-7) | Chemistry 11 | Physics 11 |
| Math Foundations (level 1-7) | Chemistry 12 | Physics 12 |
| Anatomy & Physiology 12 | Composition 11 | Math 11 (WPM, FOM, PREC) |
| English Studies 12 | Math 12 (FOM, PREC) | |
| Life Sciences 11 | | |

It is helpful for both LEC and the Ministry to know why you have chosen a particular course. In the spaces provided below please name the course that you have selected and answer the two questions.

Course(s) you plan to take this year	For what specific post-secondary program do you require this course?	For what specific employment opportunity are you preparing?	Student Signature	Dated
e.g. Anatomy & Physiology	e.g. Bachelor of Science in Nursing at UBC	e.g. A career in nursing		YYYY/MM/DD
				YYYY/MM/DD
				YYYY/MM/DD
				YYYY/MM/DD
				YYYY/MM/DD

Office Notes
