

Graduated Student Learning Plan

Student's Name	2:			Birthdate://		
Home Phone No:			Cell No:			
E-mail address:						
Legal Guardian	(s) (students who are	under 1	9):			
Phone No:			Relationship to student:			
BC's Ministry	of Education is offe	ering the	following tuition-free cours	es for graduated studer	ıts:	
Composition 11 English Studies Math Foundation	12 ons (level 1-7) both LEC and the M	Math 12 Physics Physics inistry to	2 (FOM, PREC) 11			
Course(s) you plan to take	For what specific post- secondary program do you require this course?		For what specific employment opportunity are you preparing?	Student Signature	Date	
e.g. Anatomy & Physiology	e.g. Bachelor of Scie Nursing at UB	ence in	e.g. A career in Nursing		YY/MM/DD	
Office Notes: _						