

## Saik'uz First Nation Education Department

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## Post-Secondary Education Planner 2023-2024

Student Name: Institution:			Student Number:		
I am in year	of a	year program	Program:		
i aiii iii yeai	Ol a	year program			
Fall Semester 2023*					
Courses that I have registered for this fall are:					
Course Number	C	Course Name	Start Date	End Date	Credit Hours
		_			<del> </del>
				Total	
Winter Semester 2024* Courses that I have registered for or plan to take during the winter 2020 semester are:					
Courses that i have		o for or plan to take du Course Name	Start Date	End Date	Credit Hours
Course Number		ourse Name	Start Date	Life Date	Credit Hours
Total					
Spring/Summer Semester 2024**					
Courses that I have registered for or plan to take during the summer 2020 semester are:					
Course Number	C	Course Name	Start Date	End Date	Credit Hours
Total					

<sup>\*</sup>Must take a minimum of 4 courses. Saik'uz will not pay for retakes.

<sup>\*\*</sup>Permission must be granted before you register for summer or intersession courses.