



Saik'uz First Nation
Education Department
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Post-Secondary Education Planner 2026-2027

Student Name: _____ Student Number: _____
Institution: _____ Program: _____
I am in year _____ of a _____ year program

Fall Semester 2026*

Courses that I have registered for this fall are:

Course Number	Course Name	Start Date	End Date	Credit Hours
Total				

Winter Semester 2027*

Courses that I have registered for or plan to take during the winter 2027 semester are:

Course Number	Course Name	Start Date	End Date	Credit Hours
Total				

Spring/Summer Semester 2027**

Courses that I have registered for or plan to take during the summer 2027 semester are:

Course Number	Course Name	Start Date	End Date	Credit Hours
Total				

*Must take a minimum of 4 courses. Saik'uz will not pay for retakes.

**Permission must be granted before you register for summer or intersession courses.