

**PROGRAM INFORMATION**

Institution Name				Student Number		
Program Name						
Length of Program		Start Date		End Date		
Occupational Field						
Full Time	YES <input type="checkbox"/>	Part-time	YES <input type="checkbox"/>	Current year of program		

**EDUCATION AND TRAINING HISTORY**

	Name of School	Location	Duration	Completion	Certification	Band Funded?
High School						
College						
University						
Graduate School						
Other						

**STUDY PLAN (COMPLETE USING YOUR SCHOOL'S CALENDAR)**

	Fall Session	Winter Session	Spring Session	Summer Session	
Duration					
Number of Courses					
Number of Credits					
FT/PT					

List months for which living allowance requested:

Total number of months of living allowances requested:

**PROJECTED COMPLETION PLAN**

Year 1	Number of Courses:	Number of Credits:
Year 2	Number of Courses:	Number of Credits:
Year 3	Number of Courses:	Number of Credits:
Year 4	Number of Courses:	Number of Credits:
Year 5	Number of Courses:	Number of Credits:
Year 6	Number of Courses:	Number of Credits:

**TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION:**I have consulted with an academic/career counsellor: YES  NO I have contacted the Aboriginal support worker at my institution: YES  NO 