*The information provided on this document is intended for administering and resourcing post-secondary student financial assistance only. Personal information will be held confidential and will be protected.*

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| *Please note that I Click or tap here to enter text. have developed this Academic Plan to help me achieve my educational goals at the university/college of my choice within SCFN policy for post-secondary students.* (Enter your name above and complete the 6 questions below \*Required) |
| 1. | **I plan to complete my studies within the designated program guidelines**: | [ ]  YES [ ]  NO |
| (\*If you checked “No” above, please complete this section. \*If you checked “Yes” above, please ignore this section)If you checked “No” above, please describe how you will complete your program on a part-time basis: |
| Click or tap here to enter text.  |
| 2. | **Describe the steps you have taken to plan for your education and career:**For example, what research have you done to plan for post-secondary educational studies?How did you choose the post-secondary institution? |
| Click or tap here to enter text.  |
| 3. | **Field of Study/Program Title**: (As indicated on the university calendar).For example: Bachelor of Commerce – Finance. (Please provide the proper title) |
| Click or tap here to enter text.  |
| 4. | **Prerequisites**: Do you have the prerequisites to enter the specific courses? | [ ]  YES [ ]  NO |
|  | (\*If you checked “No” above, please complete this section. \*If you checked “Yes” above, please ignore this question.)\*If you checked “No” above, indicating that you do not hold the prerequisites required, please provide a description or steps you will take to achieve the necessary prerequisites: |
| Click or tap here to enter text.  |
| **Tutor**: Do you require the assistance of a tutor? |  [ ]  YES [ ]  NO  |
| 5. | **Calculate the total budget** for the first year of your program in terms of the following: |
|  | 1. Tuition for the current year: Click or tap here to enter text.
2. Third Party Billing/Tuition for Sponsored Students: [ ]  YES [ ]  NO

\*(**Check “Yes”** if your institutions requires that you sign a Third-Party Waiver/Release of Information form. This form gives the institution permission to release information regarding your student account to your sponsor. Meaning: The student is responsible for their account balance at all times ensuring to submit invoices to your sponsor**. \*Check “No”** if your institution does not require you to submit your invoices directly to your sponsor. The institution sends invoices directly to your sponsor.1. Books for the current year: Click or tap here to enter text.
2. Student fees for the current year: Click or tap here to enter text.
3. Supplies for the current year: Click or tap here to enter text.
4. Clothing for the current year (such as: lab coats, etc.): Click or tap here to enter text.
5. Daycare costs for the current year at a registered facility: Click or tap here to enter text.
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| 6. | **Accommodations:** How do you plan to find accommodations near the University/College of your choice? |
|  | Click or tap here to enter text. |