

# Grays Harbor College

## Academic Planning Sheet

Student Name	ctcLink ID	Degree/Certificate

Advisor Name	Advisor Signature	Date

**NOTE:** If this plan will be used for a financial aid appeal, please include the following:

- An advisor signature
- Both the class and number of credits (ENGL& 101 – 5Cr.)

Quarter:                      Year:

Dept. (ENGL&)	Course# (101)	Cr. (5)	Course Title (English Composition I)	Day/Time/Online etc. (MoTuWeTh 12:30-1:30)

Quarter:                      Year:

Dept.	Course#	Cr.	Course Title	Day/Time/Online etc.

Quarter:                      Year:

Dept.	Course#	Cr.	Course Title	Day/Time/Online etc.

Quarter:                      Year:

Dept.	Course#	Cr.	Course Title	Day/Time/Online etc.

Quarter:

Year:

<b>Dept.</b>	<b>Course#</b>	<b>Cr.</b>	<b>Course Title</b>	<b>Day/Time/Online etc.</b>

Quarter:

Year:

<b>Dept.</b>	<b>Course#</b>	<b>Cr.</b>	<b>Course Title</b>	<b>Day/Time/Online etc.</b>

Quarter:

Year:

<b>Dept.</b>	<b>Course#</b>	<b>Cr.</b>	<b>Course Title</b>	<b>Day/Time/Online etc.</b>

Quarter:

Year:

<b>Dept.</b>	<b>Course#</b>	<b>Cr.</b>	<b>Course Title</b>	<b>Day/Time/Online etc.</b>

Quarter:

Year:

<b>Dept.</b>	<b>Course#</b>	<b>Cr.</b>	<b>Course Title</b>	<b>Day/Time/Online etc.</b>

Quarter:

Year:

<b>Dept.</b>	<b>Course#</b>	<b>Cr.</b>	<b>Course Title</b>	<b>Day/Time/Online etc.</b>