

Grays Harbor College

Education Plan Worksheet

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:

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:

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.