

Graduation Plan – LinK 38 Dual Credit Course @ KPU Richmond

School District No. 38 (Richmond)

Year of Program: 20____ – 20____

NAME: _____ PEN: _____

PROGRAM Applied for: LinK 38 Home School: _____ Grade: _____

- Place a check (☑) in boxes to indicate courses already taken and credits earned. PRINT course names in spaces provided.
- Place an (☒) in boxes to indicate courses you are planning to take or are currently taking but which are not yet completed.

GRADUATION REQUIREMENTS (Mandatory)	CREDITS	ANTICIPATED / ACTUAL COMPLETION DATE Month/Year	COURSE LOCATION (School/RVS etc.)
<input type="checkbox"/> A Language Arts 10 _____	4	____ / ____	_____
<input type="checkbox"/> Social Studies 10 _____	4	____ / ____	_____
<input type="checkbox"/> Science 10 _____	4	____ / ____	_____
<input type="checkbox"/> a Mathematics 10 _____	4	____ / ____	_____
<input type="checkbox"/> Physical and Health Education 10 _____	4	____ / ____	_____
<input type="checkbox"/> A Language Arts 11 _____	4	____ / ____	_____
<input type="checkbox"/> a Social Studies 11 or 12 _____	4	____ / ____	_____
<input type="checkbox"/> a Science 11 or 12 _____	4	____ / ____	_____
<input type="checkbox"/> a Math 11 or 12 _____	4	____ / ____	_____
<input type="checkbox"/> A Language Arts 12 _____	4	____ / ____	_____
<input type="checkbox"/> Career Life Education or Planning _____	4	____ / ____	_____
<input type="checkbox"/> Grad Transitions or Career Life Connections + Capstone _____	4	____ / ____	_____
ARTS EDUCATION &/or ADST Requirement	CREDITS	Month/Year	COURSE LOCATION
REQUIRED: 4 credits of one area, or 2 credits of each			
<input type="checkbox"/> _____ 10 / 11 or 12	4	____ / ____	_____
<input type="checkbox"/> _____ 10 / 11 or 12	4	____ / ____	_____
ADDITIONAL (ELECTIVE) COURSES: (3 must be Gr. 12) (circle grade)	CREDITS	Month/Year	COURSE LOCATION
<input type="checkbox"/> _____ 12	4	____ / ____	_____
<input type="checkbox"/> _____ 12	4	____ / ____	_____
<input type="checkbox"/> _____ 12	4	____ / ____	_____
<input type="checkbox"/> _____ 10 / 11 / 12	4	____ / ____	_____
<input type="checkbox"/> _____ 10 / 11 / 12	4	____ / ____	_____
<input type="checkbox"/> _____ 10 / 11 / 12	4	____ / ____	_____
<input type="checkbox"/> _____ 10 / 11 / 12	4	____ / ____	_____
<input type="checkbox"/> _____ 10 / 11 / 12	4	____ / ____	_____
ASSESSMENTS		Month/Year	LOCATION TAKEN
<input type="checkbox"/> Numeracy Assessment – Gr 10		____ / ____	_____
<input type="checkbox"/> Literacy Assessment – Gr 10		____ / ____	_____
OVER ALL TOTAL GRADUATION CREDITS (80 CREDITS REQUIRED Minimum)		TOTAL CREDITS	Graduation Date:
		_____	____ / ____ Month Year
HIGH SCHOOL CREDENTIAL: <input type="checkbox"/> Dogwood Diploma <input type="checkbox"/> School Completion Certificate (Evergreen)			
POST SECONDARY PLANS: <input type="checkbox"/> College/University <input type="checkbox"/> Other (please specify) _____			

I have discussed the completion of my graduation plan with my parent(s)/guardian(s).

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

District Signature: _____ Date: _____

(Counsellor or Career Programs staff)

Revised: April 2019