



**2018/2019 INDIVIDUAL EDUCATION PLAN
TO BE COMPLETED BY STUDENTS WHO HAVE ALREADY GRADUATED**

- Yes, I have graduated.
- IED

Date of Graduation _____

STUDENT NAME: _____ PHONE: _____

DATE: _____ STUDENT SIGNATURE: _____

REASONS FOR TAKING COURSE(S)

- Prerequisite for college
- Prerequisite for university
- Prerequisite for a specific job
- Prerequisite for _____
- Other _____

Indicate course(s) to be registered in:

_____	_____
_____	_____
_____	_____

ADVISOR/COUNSELLOR NOTES:
