COURSE OF STUDY (STUDENTS WORKING TOWARD A DIPLOMA)
(This page must be completed no later than the student's 16th birthday and every year thereafter.)

Student Name_____ D.O.B._____ Meeting Date _____

Employment Goal: _____

Educational Goal:

- ❑ 4 year college
- ❑ Community College
- ❑ Vocational Training Program
- ❑ Other _____

COURSE OF STUDY ❑ See attached graduation check or student transcript that includes a multi-year plan ❑ See below

The following projected course of study is based on current district graduation requirements, available courses, student's interests and preferences and is directly related to the above goal:
(The course of study may be revised if the student's goals for life after public school change.)

Year:	Year:	Year:	Year:

Credits Earned: _____ Credits Still Needed to Graduate: _____