



STUDENT EDUCATION PLAN

Legal First Name:

Legal Last Name:

SELKIRK COLLEGE STUDENT ID

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Program:

School Chair:

School Chair:

PLAN INFORMATION

Concentration(s)

1 _____

2 _____

3 _____

4 _____

Prerequisites: _____

Has the student met these prerequisite requirements? ☐ Yes ☐ No

What will the student use this credential for?

Other graduation requirements:

Are there courses required for registration not related to ISD completion? If yes, please provide course details on Page 5.

☐ Yes ☐ No

Credential to be awarded (Registrar to complete):



DIPLOMA IN INTERDISCIPLINARY STUDIES

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PLAN INFORMATION

Rational:

Notes:

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COURSE INFORMATION

Semester 1 ☐ Fall ☐ Winter ☐ Spring Year:				Credits toward Concentration			
COURSE NUMBER	TITLE	CREDITS	COMPLETED	1	2	3	4
Total Credits							

Semester 2 ☐ Fall ☐ Winter ☐ Spring Year:				Credits toward Concentration			
COURSE NUMBER	TITLE	CREDITS	COMPLETED	1	2	3	4
Total Credits							

Semester 3 ☐ Fall ☐ Winter ☐ Spring Year:				Credits toward Concentration			
COURSE NUMBER	TITLE	CREDITS	COMPLETED	1	2	3	4
Total Credits							

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COURSE INFORMATION

Semester 4 ☐ Fall ☐ Winter ☐ Spring Year:				Credits toward Concentration			
COURSE NUMBER	TITLE	CREDITS	COMPLETED	1	2	3	4
Total Credits							

Semester 5 ☐ Fall ☐ Winter ☐ Spring Year:				Credits toward Concentration			
COURSE NUMBER	TITLE	CREDITS	COMPLETED	1	2	3	4
Total Credits							

Semester 6 ☐ Fall ☐ Winter ☐ Spring Year:				Credits toward Concentration			
COURSE NUMBER	TITLE	CREDITS	COMPLETED	1	2	3	4
Total Credits							

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ADDITIONAL COURSE(S) FOR REGISTRATION (NOT REQUIRED FOR ISD COMPLETION)

COURSE NUMBER	TITLE	CREDITS	SEMESTER	1	2	3	4
Total Credits							
COMMENTS:							

Note: Add semester schedule/table as necessary.

Note: Total credits must be 60-72 as per Policy 8100: Instructional Programs, Appendix C: Diploma.

If this is a multiple credential in accordance with Policy 8617: Credentials and Graduation, the following must be met:

- ☐ A minimum of 50% of the requirements of the additional credential must be new credits, and
- ☐ The new credits earned must be 18 or more

Program Completion Date:

APPROVING SIGNATURES

I understand this Student Educational Plan and I understand that this IS Diploma may not meet transfer requirements at other institutions.

STUDENT NAME	STUDENT SIGNATURE	DATE SIGNED
SCHOOL CHAIR NAME	SCHOOL CHAIR SIGNATURE	DATE SIGNED
SCHOOL CHAIR NAME	SCHOOL CHAIR SIGNATURE	DATE SIGNED
DEAN NAME	DEAN SIGNATURE	DATE SIGNED
DEAN NAME	DEAN SIGNATURE	DATE SIGNED
FINANCIAL AID NAME	FINANCIAL AID SIGNATURE	DATE SIGNED
REGISTRAR NAME	REGISTRAR SIGNATURE	DATE SIGNED