



Financial Aid

S. 16th Avenue & Nob Hill Boulevard, PO Box 22520, Yakima, WA 98907-2520

P: 509.574.6855 • Fax: 509.574.4740 • finaid@yvcc.edu • www.yvcc.edu

Academic Plan

Program Information	
Program of Study	CTCLink Program Code
Estimated Completion Date	Academic Year

Enter your class schedule below. If you have on-line classes, please list the date you anticipate completing the class. **Only classes necessary for graduation will be funded; please do not list remedial classes unless required by placement or electives unless required by program.**

Quarter One		Quarter Two		Quarter Three		Quarter Four	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer
Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS
Quarter Total Units		Quarter Total Units		Quarter Total Units		Quarter Total Units	

Quarter Five		Quarter Six		Quarter Seven		Quarter Eight	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer
Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS
Quarter Total Units		Quarter Total Units		Quarter Total Units		Quarter Total Units	

Quarter Nine		Quarter Ten		Quarter Eleven		Quarter Twelve	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Winter <input type="checkbox"/> Summer
Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS
Quarter Total Units		Quarter Total Units		Quarter Total Units		Quarter Total Units	



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Personal Statement

Student Name	CTCLink ID
<p>Please complete a personal statement in the space below answering the following questions.</p> <ol style="list-style-type: none">1. Why have you accumulated so many credits without earning an associate's degree?2. How will you ensure you meet progress and finish your program within a reasonable amount of time?	
<div></div>	

For Office Use Only:

☐ Approved Beginning ☐ Fall 20____ ☐ Winter 20____ ☐ Spring 20____ ☐ Summer 20____

Academic Plan _____ # of Qtrs Maximum, _____ # of Credits, _____ # of Credits added to Max Units

☐ Denied Reason: _____

☐ MTF Appeal marked "completed" ☐ LWE Comm Added

FAO: _____ Date: _____