

**First Name** 

## **COMPLETION PLAN**

It is recommended that students contact Financial Aid & Awards before initiating any changes, if applicable, via <a href="mailto:rrufinancialaid@royalroads.ca">rrufinancialaid@royalroads.ca</a>. A change in course schedule, withdrawal, or interruption of studies during a period of funding (e.g., student loans, grants, awards, bursaries) may affect current and future eligibility for assistance.

**Last Name** 

| Student Number Program Name                   |                        |                            |                          | Date Program Completion Date |                  |                               |              |
|---|------------------------|----------------------------|--------------------------|------------------------------|------------------|-------------------------------|--------------|
|   |                        |                            |                          |                              |                  |                               |              |
|   |                        |                            | Course                   | es Completed                 |                  |                               |              |
|   |                        |                            |                          |                              |                  |                               |              |
|   |                        |                            |                          |                              |                  |                               |              |
|   |                        |                            |                          |                              |                  |                               |              |
|   |                        |                            |                          |                              |                  |                               |              |
|   | II.                    |                            | Course                   | es Remaining                 | <b>-</b>         | 1                             | 1            |
|   |                        |                            |                          |                              |                  |                               |              |
|   |                        |                            |                          |                              |                  |                               |              |
|   |                        |                            |                          |                              |                  |                               |              |
| *Completion plans<br>curriculum.<br>Comments: | <br>s are subject to c | hange. The student may be  | required to repeat pre   | viously completed courses    | or take addition | <br>al courses to ensure curr | lency in the |
|   |                        |                            |                          |                              |                  |                               |              |
| Student Signature:                            |                        |                            |                          | Date:                        |                  |                               |              |
| Noto: Signaturo re                            | auirad if this far     | m is not sent from your em | ail addross currontly or | a file at PDII               |                  |                               |              |

