

CAREER EDUCATION LIFE

Name: \_\_\_\_\_

# Post-Secondary Planning

Complete the information below:

1. When will you graduate? \_\_\_\_\_

2. What is your career goal? \_\_\_\_\_

3. What type of post-secondary education does your career goal require?

University

College

Vocational Training

4. Check the type of post-secondary education you would like to complete below

\_\_\_\_\_ Vocational Training

\_\_\_\_\_ Military Training

\_\_\_\_\_ College

\_\_\_\_\_ University

5. What post-secondary institution would you like to attend? \_\_\_\_\_

6. How much will it cost per year? \_\_\_\_\_

7. How much will your books/supplies cost per year? \_\_\_\_\_

8. What are the Admission Requirements from High School? \_\_\_\_\_

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