

CUSTOMIZED DELIVERY PLAN - ACADEMIC PROGRAM

Jeffrey Hearn
 Massage Therapy May 2022



STUDENT INFORMATION		SPONSOR INFORMATION		ENROLLMENT INFORMATION	
SAS Student ID:	43301	Funding Source:	POW	Proposed Start Date:	Nov 21, 2025
Campus:	Kenmount Road	Counsellor:		Program Tuition:	\$ 26,600
Telephone:	(709) 237-0341	Counsellor Tel/Fax:		Total Program Weeks	88
Email:	jeffghearn@gmail.com	Counsellor Email:		Work Term Weeks Incl.	
Homeroom Instr:	J. White			Net Billable Weeks	88
CDP Notes: Student was academically dismissed on February 29, 2024, and is requesting to return to complete the Massage Therapy Program. The student was US in TX 104, which has been rescheduled via this IDP.				Weekly Billable Rate	\$ 302.27
				Next Planned Review:	Feb 19, 2026

DELIVERY INFORMATION:

TERM DATES		Weeks	COURSE #	COURSE NAME	CREDIT HOURS	INTAKE GROUP	% OF FULL-TIME	SUCCESSFUL
START	END							
Nov 21, 2025	Feb 19, 2026	11.0	MODULE 5					
			TX104	Treatments IV	75.0	MT S24		REPEAT
			STCL	Student Clinic		MT S24	25.0%	ongoing
				Study Break: February 20 - May 18, 2026				
					75.0		25.0%	
May 19, 2026	Aug 5, 2026	11.2	MODULE 8					
			OP101	OSCE Preparation/Case Studies	275.0	MT S24		
			STCL	Student Clinic	130.0	MT S24	100.0%	total hours
					405.0		100.0%	
					0.0		0.0%	
					0.0		0.0%	
					0.0		0.0%	



<i>Customized Delivery Plan Tuition</i>					
Start Date	End Date	College Weeks	Weekly Rate	Course Load	Tuition
Nov 21, 2025	Feb 19, 2026	11.0	302.27	25.0%	831.00
May 19, 2026	Aug 5, 2026	11.2	302.27	100.0%	3,385.00
Work Term					
Total Customized Delivery Plan Tuition		22.2			4,216.00
Less: Approved Tuition Credit					
Net Customized Delivery Plan Tuition					4,216.00

CUSTOMIZED DELIVERY PLAN GUIDELINES

By signing below I agree to accept the following conditions:

1. I understand that the Customized Delivery Plan has been developed to accommodate my specific course credit requirements.
2. I understand that the Customized Delivery Plan is subject to change.
3. I acknowledge that the College reserves the right to modify any program or schedule without notice or prejudice, and courses are based on class enrollment numbers.
4. I understand that the Customized Delivery Plan schedule may affect Student Loan eligibility and/or other funding eligibility.

My signature below confirms that I have read and understand the guidelines outlined in this Customized Delivery Plan as it has been developed to assist me with the completion of the above noted program.

Student Signature *Date*

Academy Canada Representative Signature *Date*