

Term-by-Term Education Plan

Financial Aid: FinAid.Mail@mhcc.edu
 Academic Advising: advising.questions@mhcc.edu

(503) 491-7262 Fax: (503) 491-7379
 (503) 491-7315

NAME: _____ STUDENT ID: _____ MAJOR: _____ CATALOG YEAR: _____

TYPE OF FINANCIAL AID APPEAL: <input type="checkbox"/> Financial Aid SAP appeal <input type="checkbox"/> Maximum Timeframe Appeal (MTA)	EDUCATIONAL GOAL: <input type="checkbox"/> AA-Oregon Transfer (AAOT) <input type="checkbox"/> Applied Science (AAS) <input type="checkbox"/> Associate of General Studies (AGS) <input type="checkbox"/> AGS in Music (AGSM) <input type="checkbox"/> AGS in Health Professions (AGSH)	<input type="checkbox"/> AAT in English (LETT AAT) <input type="checkbox"/> AST in Business (LBUS AST) <input type="checkbox"/> AST in Biology (LBIO AST) AST in Computer Science (<i>check one</i>) <input type="checkbox"/> PSU/OSU/UO (LCPO AST) <input type="checkbox"/> EOU/SOU/WOU (LCSW AST)	<input type="checkbox"/> Associate of Science (AS) <input type="checkbox"/> AS in Engineering (ASEN) <input type="checkbox"/> AS in Liberal Arts (ASLA) <input type="checkbox"/> Certificate <input type="checkbox"/> Preparatory Coursework for another college program
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* Enter 'N' for courses that are not applicable towards stated educational goal Please indicate the term award year next to earn term title (i.e. 'Winter: 2022')

SUMMER:		FALL:		WINTER:		SPRING:	
* Course #	Crs	* Course #	Crs	* Course #	Crs	* Course #	Crs
Term Credit Total		Term Credit Total		Term Credit Total		Term Credit Total	

SUMMER:		FALL:		WINTER:		SPRING:	
* Course #	Crs	* Course #	Crs	* Course #	Crs	* Course #	Crs
Term Credit Total		Term Credit Total		Term Credit Total		Term Credit Total	

Student Statement of Understanding

- I have read and understand the MHCC Satisfactory Academic Progress (SAP) policy for financial aid (see www.mhcc.edu/KeepMyAid/).
- I understand that this educational plan is my contract with MHCC for my future registration toward my educational goal shown on this form, and all classes on this plan apply toward my stated major (unless otherwise noted*).
- I understand that making changes to this plan without notice to the Office of Financial Aid may cause delays or cancellation of aid.
- I understand that all transcripts from other colleges should be submitted for evaluation before this plan is completed to avoid delay or cancellation of aid.

Additional notes:

 Faculty/Academic Adviser **Signature** **Date**

 Faculty/Academic Advisor **Printed Name** **Date**

MUST BE SIGNED BY ADVISOR & STUDENT
 (Additional terms for planning are available on the other side of this form)

Student Signature _____ Date _____

* Enter 'N' for courses that are not applicable towards stated educational goal

Please indicate the term award year next to earn term title (i.e. 'Winter: 2020')

SUMMER:		
*	Course #	Crs
Term Credit Total		

FALL:		
*	Course #	Crs
Term Credit Total		

WINTER:		
*	Course #	Crs
Term Credit Total		

SPRING:		
*	Course #	Crs
Term Credit Total		

SUMMER:		
*	Course #	Crs
Term Credit Total		

FALL:		
*	Course #	Crs
Term Credit Total		

WINTER:		
*	Course #	Crs
Term Credit Total		

SPRING:		
*	Course #	Crs
Term Credit Total		