

# Personal Education Plan

Financial Aid:

[FinAid.Mail@mhcc.edu](mailto:FinAid.Mail@mhcc.edu)

503-491-7262 FAX:503-491-7379

Academic Advising:

[Advising.Questions@mhcc.edu](mailto:Advising.Questions@mhcc.edu)

503-491-7315

<b>Name:</b>	<b>Student ID:</b>	<b>Degree:</b>	<b>Degree Audit Year:</b>
<b>TYPE OF EDUCATION PLAN:</b> Financial Aid SAP Appeal Maximum Timeframe Appeal (MTA) Personal Education Plan	<b>Educational Goal/Major:</b>		
	Notes:		

\* Enter 'N' for courses that are not required for stated degree goal Please indicate the term award year (i.e. Winter: 23)

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		

* Enter 'N' for courses that are not applicable towards stated educational goal					Please indicate the term award year (i.e. Winter: 23"						
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/KeepMyAid/](http://www.mhcc/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 the 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.

\_\_\_\_\_  
Faculty/Academic Advisor Name (Print) Date

\_\_\_\_\_  
Faculty/Academic Advisor Signature Date

\_\_\_\_\_  
Student Signature Date