

# Term-by-Term Education Plan

Financial Aid: [FinAid.Mail@mhcc.edu](mailto:FinAid.Mail@mhcc.edu)  
 Academic Advising: [Advising.Questions@mhcc.edu](mailto:Advising.Questions@mhcc.edu)

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

<b>NAME:</b>	<b>STUDENT ID:</b>	<b>MAJOR:</b>	<b>CATALOG YEAR:</b>
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<b>TYPE OF EDUCATION PLAN:</b> <input type="checkbox"/> Financial Aid SAP appeal <input type="checkbox"/> Maximum Timeframe Appeal (MTA) <input type="checkbox"/> Personal Education Plan	<b>EDUCATIONAL GOAL:</b>  <b>Additional notes:</b>
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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:		
* Course #	Crs	
<b>Term Credit Total</b>		0

FALL:		
* Course #	Crs	
<b>Term Credit Total</b>		0

WINTER:		
* Course #	Crs	
<b>Term Credit Total</b>		0

SPRING:		
* Course #	Crs	
<b>Term Credit Total</b>		0

SUMMER:		
* Course #	Crs	
<b>Term Credit Total</b>		0

FALL:		
* Course #	Crs	
<b>Term Credit Total</b>		0

WINTER:		
* Course #	Crs	
<b>Term Credit Total</b>		0

SPRING:		
* Course #	Crs	
<b>Term Credit Total</b>		0

**Student Statement of Understanding**

- The following information applies for Financial Aid SAP Appeals and Maximum Timeframe Appeal (MTA). Personal Education Plans do not apply.
- I have read and understand the MHCC Satisfactory Academic Progress (SAP) policy for financial aid (see [www.mhcc.edu/KeepMyAid/](http://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.

Student Signature	Date
Faculty/Academic Advisor 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)

\* 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		0

FALL:		
* Course #		Crs
Term Credit Total		0

WINTER:		
* Course #		Crs
Term Credit Total		0

SPRING:		
* Course #		Crs
Term Credit Total		0

SUMMER:		
* Course #		Crs
Term Credit Total		0

FALL:		
* Course #		Crs
Term Credit Total		0

WINTER:		
* Course #		Crs
Term Credit Total		0

SPRING:		
* Course #		Crs
Term Credit Total		0