Term-by-Term Education Plan	**Financial Aid:** FinAid.Mail@mhcc.edu (503) 491-7262 Fax: (503) 491-7379
	Academic Advising: advising.questions@mhcc.edu (503) 491-7315

NAME: **STUDENT ID:**   **MAJOR:**   **CATALOG YEAR:**

TYPE OF FINANCIAL AID APPEAL:

☐ Financial Aid SAP appeal
☐ Maximum Timeframe Appeal (MTA)

EDUCATIONAL GOAL:
☐ AA-Oregon Transfer (AAOT)
☐ Associate of Science (AS)
☐ AS in Biology (ASB)
☐ AS in Engineering (ASEN)

☐ AS in Computer Science (ASCS)
☐ AS in Liberal Arts (ASLA)
☐ AS in Music (ASM)
☐ Oregon Transfer-Business (ASOTB)
☐ Associate of General Studies (AGS)

☐ Applied Science (AAS)
☐ Certificate
☐ Prepatory Coursework for another college program

* 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:			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 a ll 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**

_____
Student Signature   **Date**

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

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	

PLAN CREDIT TOTAL